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ESSAYS, MONOGRAPHS, AND CASES.

Mucous Flux Associated with Rheumatism. By FRANKLIN BONNEY, M.D. Hadley, Mass.

While it is a legitimate and satisfactory result of pathological investigations, that new diseases have been discovered and their diagnosis made clear from those with which they had been confounded, at the same time it is ascertained that, in many instances, diseases which seemed entirely dissimilar, and connected by accident only, if at all, have a common origin; and as they depend for their existence upon some general morbific influence, they must be removed by the same counteracting agency. The practical result is, in each instance, that our aim is surer of its mark—that instead of endeavoring to combat symptoms fugitive and obscure in their character, which tantalize us from the uncertainty of their next aspect or locality, we get at the main position, which once carried the conflict is ended.

Of no disease can it more truly be said than of rheumatism, that a primary morbific condition may manifest itself in a diversity of forms, and which are not apt to be recognised unless the main position be kept in view. Formerly it was considered to be a simple disease, limited in its local manifestations: now it is getting to be understood as having a variety of expressions as to locality and symptoms.

If it be considered to be a blood disease, we may reasonably expect to meet it wherever a similarity of structure of tissue exists, but modified in symptoms and local phenomena, in accordance with the functions of the organ attacked. Dr. Dewees, in some previous numbers of the MONTHLY, has brought the subject into a very clear light. Having stated that the fibrous and sero-fibrous tissues are principally affected, he asserts that muco-purulent discharges are sometimes thrown off from the vaginal and urethral passages, that deposits occur in the brain and lungs, &c., and incidentally gives a significant hint, that the intestines must not be irritated in treating rheumatism, the bearing of which will be seen hereafter. Dr. C. Handfield Jones asserts that catarrh is a rheumatism of the mucous membranes—that is, if the same morbific influences were to be transferred, in their action to the vaso-motor nerves of the muscles and synovial membranes, there would be results analogous to those found in catarrh. Dr. Copeland also speaks of the same thing.

If this be true, it follows that mucous or muco-purulent discharges may be the result of rheumatic action upon any portion of the mucous surfaces of the body.

In illustration of this fact, I present a few cases, which, although not so complete as would be desirable, I think show that the intestinal canal is at times implicated.

Case 1st.—T——, physician, aged 35, of nervo-bilious temperament, and much worn down from long-continued loss of sleep, took cold September, 1857, and was attacked with rheumatism in the right shoulder and back of the neck. He kept about for several days, hoping it would pass off as it had in previous instances; but the disease extending, he was obliged to yield to it and take to his bed. The right shoulder, nape of the neck, the chest over the region of the heart, and the left ankle were the chief points of attack. The other joints were scarcely affected, but the disease clung to these points for months. For two weeks there was fever, but afterwards this mostly subsided. At the end of three weeks he noticed as he went to stool a discharge of mucus from the bowel, having much the appearance of white of egg with a little air intermixed; in a day or two this changed its appearance to that of matter which is sometimes seen on opening a ripe boil, a greenish white semi-fluid discharge, amounting to several tablespoonsful, and attended with considerable tenesmus. Fæces sometimes followed, but frequently there was nothing else in the morning; but two or three times a day there would be a movement of the ordinary contents of the bowels, unattended, however, by anything more than

a few shreds of tenacious mucus, excepting on two or three occasions, when pieces three or four inches in length, of a tubular membrane, resembling the false membrane of croup, were passed. There was at no time more than slight tenderness of the abdominal region, and that was mostly confined to the head and sigmoid flexure of the colon, and the ileum. Tympanitis was just perceptible. There was never anything that could properly be called diarrhœa, the fæcal movements being quite solid, or of a pultaceous character. When the latter condition obtained, there was usually an acid odor attending them. The patient was somewhat hurried in the morning by the call to stool, the fluid having apparently accumulated in the rectum, making it difficult to retain it on moving. No blood, save in a very few instances a slight tinge, was ever present. The tongue had a yellowish coat and reddish edges; the appetite was almost wholly absent, and digestion heavy. The pulse was slightly accelerated, and very soft, indicating a good deal of constitutional feebleness. The urine was tolerably natural. This condition lasted about six months, when improvement took place. But at the end of a year the rheumatic pains are not wholly gone, nor is digestion quite easy, but there is much more vigor. The relation of the two continues. When a slight accession of pain is taken on, the stomach suffers; when from any cause digestion is interferred with, more rheumatism is felt.

During convalescence ulcerations would occasionally show themselves on the tongue and cheek, attended with the usual symptoms of indigestion. This has, however, sometimes happened for several years past. It should be remarked that he has from childhood been subject to subacute rheumatic attacks, having had a severe attack of rheumatic fever at the age of six.

Having fairly tested the remedies usually resorted to, without benefit to the rheumatism, attention was almost wholly directed to the relief of the alimentary canal. Diet was closely regulated. Bread and milk with lime water for breakfast and supper, and mutton or beef with bread for dinner, were persisted in for months, and were relished better than anything else. The dietetic principles laid down by Dr. Chambers, in the London *Lancet* for 1857, for the relief of mucous fluxes from the intestinal tube, were followed as nearly as circumstances would admit, and their applicability was very evident.

A variety of remedies was tried, but none answered so well as the tinct. of nux vomica in 15 drop doses three times a day, and nitrate of iron in 10 drop doses. The nux vomica seemed to allay pain and

promote digestion. Sedative and astringent injections apparently aided in quieting the irritability of the rectum.

Case 2d.—W. H——, a young man aged 35 years, of a highly nervo-bilious temperament, spare in build, had in previous years been troubled with rheumatic and neuralgic pains, and also occasional disturbance of the stomach. In the spring of 1854, violent pain commenced in the left shoulder, and gradually passed down to the abdominal region, when a mucous flux came on attended with severe tenesmus. The discharge had the appearance of white of egg, occasionally though not often tinged with blood. Being of a remarkably energetic nature, and feeling the necessity of labor, he kept about his family operations, although feeling greatly debilitated. Not seeking advice regularly, and not detailing his symptoms fully, but little was known, medically, at the time of his case. He took scarcely any medicine, but was advised to pursue the milk died, which he persevered with for months, nothing else being well borne. The rheumatic symptoms were not conspicuous for any great period, but tenesmus was always severe while at stool, which was several times a day. The discharge continued until cool weather came on, when improvement commenced, and he was soon well, and has continued so up to this date. On reviewing his case with reference to the point under consideration, he records the symptoms accurately.

Case 3d.—Mrs. B. H——, aged 60, of nervo-bilious temperament, with a tinge of the lymphatic, had chronic rheumatism set in twelve years ago, and suffered severely up to the time of her death, a few months since. Her joints were so much out of shape that she was almost incapacitated for any exercise. In reviewing her case, she stated that frequently she would be taken with pain in the abdomen, which was followed by discharges, which she had stated to her friends would lead her to suppose she had a sore in her bowels, had she not so often noticed the same. This was accompanied with looseness of the bowels. The mucous discharges would continue for some days, then cease for a time, to recur with the same array of symptoms.

Case 4th.—Mrs. L. B——, aged 63, nervous, bilious, and lymphatic, had formerly attacks of bilious colic, and also rheumatic and neuralgic pains, was taken last spring with severe pain in the vicinity of the stomach and liver, which passed to the back, and extended down to the extremity of the spinal column. This was soon followed by severe tenesmus, attended with a discharge of hardened fæces in small lumps, covered with a mucous secretion, and also by mucus itself.

There were never the liquid fæces of diarrhœa, but a constant and

tormenting repetition of the discharge mentioned, she being compelled to go to stool twenty or more times a day, each time feeling greatly prostrated. At times the face would get œdematous, as would the limbs. Under treatment the symptoms would subside, to return again. She is now in comfortable health, although liable to a recurrence of the same condition. Each attack is heralded with the pain in the side and stomach. The treatment most effectual in her case has been iron in the form of muriated tinct., or nitrate, nux vomica and chalk mixture, with vegetable astringents. Opiate and astringent injections have also answered well. Bread and milk with lime water answered best for nourishment.

Case 5th.—Mrs. F. B., aged 30, nervo-bilious temperament, had scarlet fever at the age of seven. From that time till the age of seventeen she had attacks every few weeks or months, of what appeared to be rheumatism and neuralgia combined. The feet and hands would be extremely painful and entirely helpless for days and sometimes weeks, when swelling would occur, and amendment take place. There was usually no great amount of fever present. The attacks would sometimes commence in the head, causing intense suffering, and not unfrequently delirium. Abscesses in the ears were a common result. Since the age of seventeen there have been no continued attacks, but there is scarcely ever an entire absence of pain. A cold, over-exertion, or nervous exhaustion from any cause, brings on severe pain in some part of the system. On such occasions it is common for her to pass mucus from the bowels, and at various times tubal casts several inches in length have been evacuated.

I have also recently had two cases—one a male, and the other a female—in which rheumatism manifested itself simultaneously in one knee and the abdominal region. In the male, the man suffered but a few days, while severe inflammation occurred in the sero-mucous membrane of the intestinal tube. In the female, the knee and mucous surfaces suffered together for weeks, and recovered at the same time. There was, however, no flux.

In addition to these cases, I find, on conversing with some other physicians, that they call up instances in which there seemed to have been some connection, although undefined, between rheumatism and affections of the alimentary canal. For instance, a neighboring physician states that he had a patient, a vigorous young man, taken down in August, with rheumatism, which was followed by dysentery; while the case of another patient, in the same street, the reverse was true.

Others recall instances of severe and obstinate diarrhœa following rheumatism.

Dr. Clark, in a recent discussion reported in the MONTHLY, mentions the case of a woman brought into the hospital, with rheumatic pains, &c., in whom a mucous flux was present, and whose intestines were found, on a post-mortem examination, to be lined with the exudation. And he also mentions other cases in which a similar discharge was present. He, however, attributes this difficulty to constipation. I am aware that constipation is sometimes attended with a discharge of mucus, sometimes glairy in character, and other times gelatinous; and also at times appearing like "scrapings," as termed by non-medical observers. This frequently happens to old dyspeptics, and in dysentery times it is very common to hear complaint made of the white of egg evacuations, which subside in a brief period, without being attended by sickness. Any obstruction to the action of the bowels, as pressure from tumors, &c., will also at times give rise to like morbid products. But the cases I have detailed, particularly the first three, presented a marked difference to the observer from those of flux arising from accidental causes. For instance, in one particular, in Case 1st, there was no difference in the amount of the abnormal secretion, whether the fæces were solid or pultaceous; in Case 2d the bowels were never constipated; and in the third there was diarrhœa.

Reasoning from analogy, it is easy to see that this secretion may be an effort to relieve irritation or inflammation, by reducing the plethora of a part, and taking from the blood any morbid agent which may be working mischief, while at the same time distant parts may be aided as by a species of counter-irritation. Any one who has had experience with neuralgia and rheumatism, knows that the liver and digestive tube are apt to be disturbed during their progress, and that medicines, as cathartics, &c., promotive of action in these organs, will sometimes produce rapid amelioration of symptoms. For example, a medical gentleman states to me that his wife, a strong, vigorous lady, will be taken in the night with such violent pains in the region of the sciatic nerve, that she walks the room in agony, for hours. A single blue pill, administered at once, will relieve the suffering in a short time; whereas, if it be not given, the pain persists.

I cannot hope to have presented the subject so fully or so clearly as I think it is capable of, through more extended observation. I have merely desired to call attention to the association of the symptoms detailed, in the hopes that the experience of others may be found

to substantiate the relation believed to exist, or otherwise to point out their true signification.

The Ready Method in Tetanus and Laryngismus. By WILLIAM C. ROGERS, M.D. Green Island, Albany Co., N. Y.

In the January No. of the AMERICAN MEDICAL MONTHLY, p. 53–4, is the report of a case of Traumatic Tetanus by Dr. James R. Wood, with remarks by Drs. Sewall, McCready and Markoe. After the report of the case Dr. Wood makes the following remarks: "He died comatose, on Sunday, without a rigid muscle and without a struggle. This case illustrates what has been frequently contended for here, that if a patient could be kept alive long enough to wear out the disease, being supported at the same time, he might in many cases be saved. If this boy had enough vitality left after the disease had exhausted itself, he would, in all probability, recover."

Was not this a case where Marshall Hall's *ready method*, accompanied by stimulating and nourishing injections into the rectum, or with the stomach tube, into the stomach, would have saved the patient's life? Dr. Wood remarks, that the patient "seemed to die of pure exhaustion." The *ready method* would have maintained all the functions of organic life in their integrity, the stimulus and food introduced would have been absorbed, the exhausted nervous energy would have thus been speedily renewed, restored, and, as a consequence, all the functions, vegetable and animal, organic and relational, would have resumed their normal activity.

The opium treatment seems eminently applicable to this disease, as much so as to peritonitis. The narcotic is absolutely demanded to allay the morbid activity of the nervous system, and if it should be pushed to positive narcotism where the *ready method* was demanded to sustain the suspended respiration, I believe that the ultimate result would be *life*, and not death to the patient. There are cases of narcotic poisoning on record in which life has been preserved and ultimately restored, by the persevering use of the *method* for many hours. Prof. Wm. P. Seymour, of Troy, was called to attend a man who had taken an enormous quantity of laudanum to destroy himself. When first seen respiration was nearly arrested, the patient was in a state of profound narcotism, breathing but four times a minute; and yet by persevering with the ready method for *four hours* the patient so far

recovered as to answer questions, and when the Professor left him to respond to an urgent professional call, he was conscious, breathing 12 times a minute, with good capillary circulation and a full, strong pulse. Had he made any exertion himself he might have recovered without further aid from the ready method, but he expressed his determination to die there and then, made no exertions to save himself, and when the doctor returned in an hour the patient had just expired.

In this case the ready method absolutely rescued a dying man from the jaws of death, and, if he had not persisted in *holding his breath*, might have restored the patient to life and usefulness.

In traumatic tetanus narcotics *must be used*, and if necessary *narcotism must be induced;* the latter must be substituted for the former, as more completely understood and more amenable to treatment.

While speaking of the ready method, allow me to cite cases of its efficacy in *laryngismus*. In the MONTHLY for May, 1858, (Vol. ix, No. 5,) I reported the case of my own child attacked by laryngismus, and saved after the persevering use of the method for *fifteen minutes*. This attack occurred March 30, 1858.

April 23d.—Another attack at 5 P. M., in which the method was used for about 5 minutes before respiration was sufficiently restored to enable the child to cry. At 10½ P. M. same day two slight attacks, from which the child recovered spontaneously. May 5, 6.30 P. M.—A slight attack with spontaneous recovery. May 26.—The child suffered from a fifth attack; the method was resorted to by his mother—I was absent at the time—and continued a number of minutes before the child could breathe naturally. May 28.—A 6th attack, very severe. The method was used perseveringly for 10 minutes before the patient attempted to respire, and it was 3 or 4 minutes more before he was sufficiently recovered to cry. June 15.—A 7th attack, very severe. The method was used from 7 to 10 minutes before respiration was restored. June 29.—The 8th attack, very severe and protracted. The ready method and cold to the epigastrium restored after many minutes of suspended respiration and animation. A diarrhœa now set in and continued for three or four months, which I held in check but did not arrest, and since then he has had no recurrence of the disease. The cause of the disease in his case was painful dentition.

Here were five attacks in the same patient, in which the ready method absolutely saved from immediate death in each instance. The respiration was each time instantaneously arrested, and no effort was made, and, I believe, none would have been made at respiration, if

that function had not been vicariously performed, for a period varying from 5 to 14 minutes. Blessings upon the name and memory of Marshall Hall. My child is to day a *living monument* of his genius, his industry, and his success.

Case of Absence of the Uterus. By R. B. Wilson, M.D., New York.

S. B., æt. 28, of medium height, light complexion and anæmic, came under my treatment as a patient at the Eastern Dispensary, in June, 1858, complaining of cough, which had existed for a considerable period, and had been preceded and accompanied by hæmoptysis.

On examination, found the chest flat and contracted, with dullness under the right clavicle; slight crackling and prolonged respiration. The action of the heart was feeble and irregular; pulse about 60. Her statement, that she had "never been regular," led to further investigations. At my request, Dr. E. R. Pulling, of this city, joined me in making an examination, which revealed the remarkable physical phenomena which she presents. Her voice is harsh and masculine. There is no development of the mammary glands.

The following condition of the organs of generation appeared. The mons veneris and labia externa are moderately developed, and present the usual amount of pubescence. The clitoris is very large, being about an inch long and strongly resembling the penis of an infant. The opening of the urethra is nearly in the normal position, but is *valvular*, there being no projection marking the meatus urinarius; the hymen is nearly rudimentary. The orifice of the vagina was so contracted as to render the introduction of the finger in making the first examinations a matter of great difficulty. On passing the finger into the vagina, it is found very slightly rugous in its lower portion, while in its upper part it is a perfectly smooth cul-de-sac with the exception of a single fold of mucous membrane a little anterior to the normal position of the os uteri. There is nothing resembling the uterine neck to be detected upon the most careful exploration. On introducing into the bladder and rectum, respectively, sounds slightly bent with the interior of their curves looking towards each other, and causing their points to approach at distances varying from 3 to 4½ inches from the external orifices, and giving them alternately slight lateral motions, the impression conveyed to the fingers as they slip by each other shows that nothing beyond a membranous wall intervenes.

Letter on some of the Hospitals and Medical Men of Paris. By BENJAMIN LEE, M.D.

MESSRS. EDITORS—If you will step out with me this fine crispy winter's morning, (we had better make the most of it, for the eternal drizzle and fog of a Parisian winter does not afford many such,) with as many of your readers as choose to accompany us, I will conduct you to some of the principal hospitals of this great centre of medical science. As our walk is but a mental one, we need have no fear that this tall, grave-looking gendarme, who is approaching with his arms completely incapacitated from all action by means of the immense cloak which he wraps so closely around his frigid French shoulders, will interfere with us for forming a dangerously large crowd in the thoroughfare in these combustible times; or that we shall be treated, as was a fellow-countryman and student not long since, to a lodging over-night in a guard-house for over loud-talking in the public streets.

I purpose to introduce you (as I should have no right to do were we there in reality, and in this please see one beauty of this method of sight-seeing) to a few of the more noticeable among the Professors who visit these hospitals—men whose names are known and respected wherever medical science has been studied—representative men in their several specialties, whose opinions in matters which they have made the objects of their research, have, or have in their time, had the weight almost of laws. One always reads with so much interest the works and thoughts of men, if he can, at the same time, roll up before his mind's eye the men themselves; not only see their spirits in the words they have penned, but their own proper, mortal, and living persons—if he can put their words into their mouth and see their features lighting up and glowing with animation as they touch upon some topic with which their zeal for truth, their love of disputation, or their ambition for success and fame has closely connected them, and of which it has made them the champions and supporters. And although I cannot, of course, hope in a few words, or indeed in many words, to impress the personal appearances of these our illustrious brethren so firmly upon your minds as that you shall ever after be able to recall them, still I may, perhaps, be able for the time being, at least, to furnish to these names with which we are all so familiar, a certain degree of bodily presence and reality, which may bring them temporarily among us, and, if it happen to strike any one's fancy, may remain with him. I feel certain that those at least who have once really enjoyed the pleasure of seeing these men, face to face, and listening to their teachings, will not think a moment lost which may be spent in a hasty

reminiscence of them. This business of portrait-painting, as I know full well, unless the artist wield a skillful brush and handle it carefully, is not unapt to degenerate into caricature, however honest may be his intentions.

The fact that, among those who examine my gallery, there will be many whose personal acquaintance with the original will make them competent critics, will cause me to put on my colors with great care, and to avoid all exaggeration and distortion as sincerely as in me lieth. But while we are on the way, I may perhaps employ the time profitably with a few words on the general arrangements of the Paris hospitals, noting such features as would strike one familiar with American institutions for similar purposes as peculiar.

And first, if there is any one among you who expects to see in the Parisian hospitals grand, imposing, or highly decorated edifices, and will be disappointed if he do not see something at least equal, architecturally, to that poor man's palace, the Blockley Almshouse, Philadelphia, or the various charity buildings of the East River islands, let him turn back at once, or immediately lower the standard of his expectations. It is the exception and not the rule that the Paris hospital should possess not the slightest claim to architectural beauty, and the majority of them would rather startle the stranger by their obtrusive ugliness and want of grace, having more the appearance of long rows of factory buildings than anything else that is erected among us.

Among the older buildings, that of the Invalides is probably the most impressive, and that attracts attention principally by its quaint dormer windows, each of which is a suit of armor, and which it owes to the fact of its being a military institution. The modest little Ionic portico of Hôtel Dieu might be noticed, were it not so completely dwarfed by the gigantic proportions of Notre Dame, close to which it stands, just where good old St. Landry first put it twelve long centuries ago. The ground plan of a French, and indeed of a European hospital, is generally a quadrangle surrounding a hollow square, crossed, if it be sufficiently spacious, by long narrow ranges of building extending from one side to the other. The enclosed space has generally trees planted in it, and forms a convenient exercise ground for the convalescing patients. But it must be very extensive indeed to escape the charge of closeness and dampness. By means of this arrangement, the wards became extremely long in proportion to their width; and as they occupy the entire breadth of the building, are supplied with light and air on both sides. This advantage, however, they

contrive to deprive themselves of to a considerable extent by the extreme smallness of their windows, which are generally very high up from the floor. Notwithstanding this, they are usually the only means of ventilation which they possess, no attempt whatever being made to ventilate by shafts. Indeed, there are few hospitals in Paris which were not built long before the necessity for a careful attention to this very important point was recognized. Nor is it yet appreciated here, as it is in our own country. Although we would have supposed that the ill success of their surgery, especially at Hotel Dieu, would have led them to suspect it as one of its causes long ago. The wards are warmed, however, by large cast-iron stoves, and as the climate is such that they are rarely required to be made very hot, the heat thus generated probably makes a more healthful atmosphere than does that of the hot-air furnace to which the rigors of our winters compel us to resort. So much for the construction of the edifice. The nursing in these hospitals is generally done by Sisters of Charity, who, although often women of no more education or natural refinement than some of the Irish nurses in our own Charity Hospitals, nevertheless do acquire, from their long training, a thorough acquaintance with all the detail of their business, which is most painfully lacking in many of our institutions. The number of visiting physicians attached to the large hospitals is generally from four to six; of surgeons, half that number. Each physician or surgeon is followed by his staff of assistants, all in aprons and scull caps, divided into internes and externes, or residents and non-residents; the former having, of course, as with us, the more immediate charge of the patients, while the latter are occupied in making reports of the cases, &c., which they are compelled to do with great regularity and fullness. And this they are enabled to do from the fact that there are so many upon each staff. Velpeau's staff at La Charite consists of at least a dozen. The first interne generally has the supervision of the rest, unless, as is generally the case with the surgeons, there be a chef de clinique, who is a man of more years and experience than the other members. The visiting physician usually allows his assistants very little margin in the treatment of the patients, it being his duty to prescribe not only the medical regime, but also every particle of diet that is to be allowed. One result of this latter regulation is, that to a stranger the principal occupation of the grave professor appears to be, to pass from bed to bed, ordering in majestic tones "broth and tea."

On each staff there is also an assistant apothecary, whose business it is both to take down and to compound the prescriptions of the prin-

cipal, and who is thus fitted in the most thorough and practical manner for the duties of his profession. The rigor of the laws requiring the education of druggists in France, might be imitated with very great benefit in the United States. Here a druggist can no more dispense medicines than a physician can practice without a diploma. With us, alas! they may do both. Our laws too, with regard to the vending of poisons, if there be any indeed, are lamentably lax, and suffer very much by comparison with the careful restrictions which are placed upon this dangerous and responsible business by European legislators. The visits of the Professors to the hospitals for the purpose of prescribing and lecturing at the same time, take place at from 7 to 10 o'clock in the morning, the majority of them commencing their rounds at 8 These lectures, whether at the bedside or in the theatre of the hospital, are entirely free to students and practitioners of whatever nationality, and the same holds true with regard to the lectures at the Ecole de Médicine, probably the first course taken as a whole in the world; the only requirement being, that the student shall register his name and nativity in the books of the institution, upon doing which he receives a ticket of admission.

There are two features of the Paris hospital system which deserve especial attention, from the facilities which they offer to students. The first is their division into specialties, the devoting of separate institutions to the treatment of special diseases or classes of diseases. The class of sneerers, who, either from interested motives or natural obtuseness, decried the study of specialties as less likely to result in the discovery of the real phenomena of disease, and to evolve true principles of treatment, than that of the entire schedule of diseased action, has pretty much died out; and there are probably but few practitioners among us at present who would not cheerfully acquiesce in the propriety of introducing such divisions to a much greater extent into our own hospital system.

The plan is urged by considerations of public economy; for then appliances for the treatment of any particular class of diseases would be requisite only for the particular institution where they were admitted, while now each separate one must be supplied with them, although imperfectly and perhaps insufficiently, by considerations of humanity; for it cannot but be that, other things being equal, disease must be more intimately studied, and hence more successfully treated, by those who devote themselves particularly to any one phase of it, and in an institution where opportunities are offered for the comparison of a large number of cases under different treatments at the same

time; and, lastly, by considerations of scientific advancement and the promotion of sound medical education. Whatever little difference of opinion there may still be as to the practical results for the patient of the system of special hospitals, no one can for a moment question the fact that the student is very much more greatly profited by the observation of a large number of cases of the same class, or of the same disease, at one time, than by a hurried glance at as many different diseases as there may be patients in a ward. The memory is thus better enabled to retain its impressions of the features of disease, and the mind to classify and discriminate. I know of no class of diseases in which this is truer than the very interesting one of skin diseases, for which the city of New York is yet entirely without special hospital accommodation. The appearances of the diseased tissue are so utterly different in different stages of the same affection, that it is imperatively necessary it should be studied throughout its entire course, and if possible simultaneously in its different periods, in order to the collation of a knowledge competent to a correct diagnosis. The second peculiar feature which I would mention is one so generally known in America, that it is a little singular that it has never been adopted. I refer to the practice of giving clinical lectures to small private classes, on the part of the house physicians (internes) of the hospitals. The student in Paris very soon finds that there are no courses so profitable as these; and the reasons are obvious. The Professor in his public round must visit every patient, while the assistant with his private class can devote all his time to a few of the more interesting cases. The responsibilities which rest upon him make him a careful observer of all their peculiar features, while his intimate association with the visiting physician puts him fully in possession of both his knowledge and his opinions in regard to them. Add to this the fact that each member of one of these small classes has an opportunity for a thorough examination of each patient himself, and for testing his powers of diagnosis, and the reasons for the peculiarity of these courses will be sufficiently apparent. To the lecturer himself there are not less striking advantages.

First, the practical one of replenishing his empty pockets, (for it is to be taken for granted the pockets of a medical student are generally in this unpleasantly jejune state,) which, if he be a man of capacity and possess a faculty for conveying instruction, it will do to a very considerable extent—some of these courses commanding a pretty heavy fee. (The mean rate for a course of 12 lectures is probably 20 to 25 francs, ($4.00–$5.00.)

At the same time the careful examination and analysis of his cases, necessary for a clear and satisfactory explanation of them to others—especially when those others are as searching, as wide awake, and as critical as medical students fresh from theoretical lectures and with their text books in their hands are apt to be—is of a value to him in forcing him to methodize his knowledge, and teaching him to make his acquirements available, which it would be difficult to overrate.

To proceed now from this general description to a more particular notice of some of the principal of these institutions. We shall begin with Hôtel Dieu, of which we have already had occasion to speak. Unlike the majority of them, and therefore unlike the general description which I have given of them, this building does not surround a square. It consists of two long blocks, built upon opposite sides of the Seine, and connected by a private bridge and a subterranean passage under the street. In order to make all its room available, its wards are consequently much wider than those of hospitals built upon the other plan; while to give the effect of narrowness, which seems to be so greatly prized here, they are often divided, like the old wards of Bellevue Hospital, New York, by a massive partition pierced with large arches, through which they communicate.

This is the largest of the general hospitals, having beds for about 1,500 patients.

Among the Professors who lecture at this hospital may be noted Trousseau, whose fame in the most difficult, and in our country the least generally understood branch of our science, diagnosis, is probably greater than that of any man living. Let an American physician once thoroughly appreciate the character of a disease, and he will probably treat it more practically and with better results than the French practitioner; but, unfortunately, he is too often striking in the dark, and is uncertain whether his blow will fall upon the disease or upon the patient.

It may be said of Trousseau, as it cannot of all the Parisian professors, that he is a perfect gentleman; for though they nearly all have, like their boots, a certain "French polish, warranted to stand all climates," still in the real element of the gentleman, which springs from the heart, and consists in an innate appreciation of the relations and obligations of man to man, they are often deficient.

In person, he is tall, erect, well made, and of a dignified though easy bearing. His face is handsome and benevolent, and, like that of all his colleagues, close-shaved. To an extremely sweet and well-mod-

ulated voice he adds a very pure pronunciation and a great command of language, which, with his fair powers of imagination, make him the first orator in the whole schedule of Professors. It is sometimes complained of him, that his love of displaying these powers leads him off from the practical bearings of his subject. But by the bedside, where he is of necessity confined by the presence of the case, I know no more useful or charming lecturer.

In the same institution we find Jobert, the surgeon, a man as utterly unlike the last as it is possible for two men moving in the same sphere to be. Trousseau's careful attention to dress becomes with him dandyism—his dignity, pomposity—his eloquence, bombast—and his firmness, bullying. He is nevertheless a man of acuteness, handles the knife boldly and skillfully, and indeed is almost as well known as an operator, both at home and abroad, as any of the Parisian surgeons.

Trousseau, it will be remembered, has been long studying the subject of topical medication of the air-passages, and there has been a question as to priority of introduction of this very important branch of therapeutics between himself and Professor Green, of New York.

He has since had a friendly and highly interesting correspondence with Prof. G. on the subject, and only quite recently announced to the French Academy the name of the latter gentleman as the rightful recipient of honors, which other members of that body wished to claim themselves.

La Pitie, numbering 624 beds, is considered the finest of the old Parisian hospitals in all its appointments, the spaciousness of its wards, and the extent of its grounds; and its position immediately opposite the Jardin des Plantes is certainly one of the most salubrious in the city. Like Hôtel Dieu, it is a general hospital, and the American is surprised to find small-pox, measles, or scarlet fever admitted without scruple into wards crowded with patients suffering from other diseases. As a matter of fact, these cases rarely become centres of contagion, although instances have fallen under my notice where these diseases have been propagated to a limited extent.

In the medical wards of this institution we find Becquerel, one of the most careful students in France of the chemical relations of the constituents of the human body. An artist who wished to paint an alchemist of the olden time could not ask a better study for his subject. Tall, thin, and slightly bent, his old coat hanging in folds almost to his heels, and his silver-gray locks falling carelessly out from under the little faded red cap which he sets on the back of his head, a nose

long, sharp and thin, an eye deep set, and full of intelligence and kindness, and, when he becomes excited, of enthusiasm; there wants nothing to complete the picture, when one sees him among his retorts and test-tubes, but a beard; but unfortunately, like the rest of his colleagues, as I have said, he is close shaven. He has the misfortune to stammer quite badly, and when under a high pressure of thought his face becomes intensely animated in his eagerness to express himself more rapidly than his infirmity will permit. This peculiarity, strangely enough, makes him more intelligible to a foreigner than any other of the professors, simply because it necessitates his speaking slowly.

In the surgical department of this same hospital Maisonneuve handles probably the most skillful, and certainly the most showy knife in Paris. And here again exists almost the contrast that we noticed between the two professors at Hôtel Dieu. One needs not to look twice at Maisonneuve to be assured of the original identity of the races now inhabiting sunny France and green Erin. Stout, rough, and intolerant, he blusters through his wards like a bull in a china shop, and woe to the nurse, interne, or patient whom he gets between his horns. With none of the dandy, he has probably more of the real gentleman than Jobert, although it must be confessed that he conceals it with great success. It is a little remarkable that, with his well-deserved reputation for operative skill, he should have been during the past winter strenuously urging the substitution of caustics for the knife in malignant disease. He claims to have met with wonderful success in their employment. He is certainly honest, and may be right, but his Irish enthusiasm has too often gotten the better of his judgment to allow his colleagues to adopt his ideas without very careful experimental tests.

In one of the interminably long wards of La Charité there will usually be found a goodly number of students collected at a little before nine of a winter's morning; some talking, some examining cases with an interne, some reading the Gazette des Hopitaux, (if Americans, they will nearly always be engaged in the last mentioned manner.) Suddenly a brisk footstep is heard on the slippery tiles, and the whole ward starts into motion. Nurses hurry for basin, towels, and stool; internes gather up their instruments and their dignity; and the students collect in a crowd around the bed toward which the brisk footsteps are directed, while there is a general pulling out of note books and little blue and red chalk pencils. The cause of all this sudden excitement is a robust-looking man, with a profusion of jet black hair,

heavy black whiskers, a careful toilet, and a great vivacity of manner, even for a Frenchman. Sitting down by the bedside upon his high stool, he pulls out a small ivory plessimeter, and placing it upon whatever part of the patient be the seat of the disease—it matters little whether it be head, trunk, or extremities—he begins to percuss with immense rapidity, at the same time making blue and red lines all over the surface with his pencils, until it is mapped out into a precise delineation of the supposed shape of the contained organs, and the sick man has very much the appearance of an animated railway map. All this while he is glancing his black eyes from one to another of the students, lecturing and questioning with the greatest volubility. This, you will say, is some young professor, who, anxious to work his way up, calls to his aid all his energies and a little clap-trap. Not so, I assure you. This is none other than Piorry, the venerable champion of the stethoscope and percussor, who has already some time since numbered his three score and ten, and is hastening on towards the troublous fourscore.

The sciences of auscultation and percussion it has been the business of his life to defend and to perfect, if not to introduce; and although he may now, in his old age, be making too much of a hobby of the subject which has carried him to so high a position, modern medicine owes him a great debt for his untiring zeal and minute observation in this department of our science.

But you ask "How does this venerable apostle of physical diagnosis contrive to appear so young?" Oh! that is his secret. It is enough to say that he is a Frenchman.

In the surgical wards, just the other side of the hall from this, followed by a crowd of students, and the largest staff in Paris, now and then dropping a word or two full of instruction, but generally with his lips firmly compressed, and drawing attention to cases of interest by a point of his finger, or, in the amphitheatre, dealing out, in the dryest and barest manner, the results of a long life of experience and reflection, is Velpeau, the father of modern surgery. Erect, his small, well-shaped head firmly set upon his shoulders, his hair yet scarcely gray, his voice firm, his hand guiding the knife as unerringly as in his days of middle manhood, his piercing eye looking out searchingly, as if for new facts, from under the heavy thatch of his overhanging brow, he stands an iron man; and when you know that until after he had attained to man's estate, and yet before the present generation of physicians were thought of, he wielded the blacksmith's hammer, an

obscure mechanic, you understand to what he owes his almost preternatural vigor.

The Hôspital Neckar, with accommodations for 403 patients, is advantageously situated, in a more open district than the last, and having been more recently, is somewhat more scientifically, constructed. Here the student sees with pleasure the benevolent countenance of Civiale, the inventor of the Lithotritor, whose Saturday morning clinics are extremely instructive on diseases of the urinary passages, and, as they deserve, well attended.

Immediately adjoining this last, its ample grounds well provided with every means for gymnastic exercise, is the Hospital for Sick Children, with its sad population of upwards of 600 little victims of disease. Those who have frequented its little theatre, under the teachings of Guersant, will remember his partiality for a Hebrew rite, and his ingenious arguments in its support. St. Eugénie, also a children's hospital, much smaller than the last, is pleasantly situated on the banks of the Seine, quite at the other extremity of the city. The extent of its grounds does not compensate for the deficient ventilation of its wards, as the constant palor of its poor little inmates too well testifies.

Here Barthez de Marmorieres, whom Louis Napolean, with his accustomed sagacity, chose as physician to his darling son and heir, when as yet he had no expectation of a second, modestly makes his rounds, and gives lectures of interest and profit.

Another physician, very eminent as a practitioner among children, and as an author on the subject of their diseases, is Barth of the Hôspital Beaujon, which, however, principally on account of its distance from the medical centre, the Ecole de Medicine, is little frequented by students. It numbers 440 beds.

La Riboisière, the newest hospital in Paris, is the only one (if we except, perhaps, the last mentioned) which, in possessing the modern appliances for comfort and wholesomeness, compares favorably with those more recently erected in the United States, and the spaciousness and judicious arrangement of its wards make it contrast most pleasantly with the majority of its sister institutions. It furnishes accommodations for 612 patients. Here every Monday Chassaignac operates with his Ecraseur or Crusher. The design and practical working of this instrument are too well known in the United States to need to be described here. As a lecturer he is a rival of Trousseau, in ease of expression, beauty of language, and distinctness of pronunciation, although not his equal in imaginative power.

The Hôspital St. Louis is the largest institution in the world for the treatment of diseases of the skin, containing 853 beds. We have had a good walk to get to it, but its great extent and its extreme richness in specimens of disease fully repay the trouble.

Here we find, among other celebrities, Cazenave, whose elegantly illustrated work is already a classic. Here the talented and skillful Malgaigne, with the sneer of Voltaire on his face and bitter words on his lip, hisses out together sound surgery and biting sarcasm.

The "Hôspital du Midi," or "Southern Hospital," so called from its situation on the southernmost limit of the city, and the "Lourcine," each with upwards of three hundred beds, are devoted to the treatment of syphilis, the former in males, the latter in females. For Paris, notwithstanding its much-vaunted sanitary police regulations, and its legislation of crime, still affords a large field for the study of this loathsome disease.

At the first mentioned of these two hospitals, Ricord, another thorough Irishman, both in appearance and in wit, though a perfect Frenchman in cold-bloodedness and want of feeling, has won himself a world-wide reputation, and established the treatment of this disease on more scientific and rational principles than had ever before been obtained.

At present his reputation is in danger of being overshadowed by that of his former pupil, Clerc, who has already gotten the better of his teacher in one or two controversies, and whose clinics now draw a greater crowd of students than do those of the great syphilographer himself.

The little hospital called the "Faculty's Clinic" was established immediately opposite the "School of Medicine" not many years since, in order to give an opportunity for the delivery of clinical lectures in immediate connection with those of the School. Its greatest ornament at present is Nelaton, whose acuteness and profound judgment entitle him to the place among surgeons which Trousseau occupies among physicians. On this account, as well as because of its vicinity to the school, his clinic is more crowded than that of any other operator in the city, and indeed his lectures never fail to possess great interest and value. There is nothing striking in the appearance of the man, beyond a calm composure of countenance and a careful attention to dress. His short gray hair lies smoothly over his broad forehead. He wears habitually a dress coat and white vest, the former buttoned tight. His manner is extremely modest. He speaks without gesture, often with some hesitancy, and has a way of clearing his throat by a

short, sudden expiration, which interferes very frequently with the flow of his periods; his style is almost entirely unadorned; but all this to the contrary notwithstanding, so careful is his analysis, so acute his observation, so great his experience, and so deep and so apparent his interest in his subject, that his instructions are listened to with an extreme degree of attention.

In our hurried run through the hospitals we have, of course, met but a few even of those who have attained eminence in their profession, in this centre of the sciences. It may, however, serve as an illustration of the men and manners of Paris hospitals; and if it has conveyed to any one of your readers a more distinct or true idea of them than he had before, its object will have been accomplished.

It will be seen that this city at present offers very great advantages to the student who is willing to avail himself of them, but none that cannot and will not in process of time be afforded by our own, for I look forward with perfect certainty to the time when America shall hold the foremost rank among nations in the cultivation of scientific, as she does now of political and moral truth.

33 *Rue de Fleurus.*

Ozone.

The November number of the *Journal de Pharmacie et de Chémie* states that Mons. de Babo, Professor of Physics in the University of Freiburg, Brisgaw, exhibited before the Scientific Congress at Carlsruhe an apparatus for the preparation of ozone. This apparatus, in which the ozone is obtained by the combustion of phosphorus, allows of the removal of the phosphorous acid, with which it is ordinarily contaminated. This result is attained by washing the gas with chromic acid. This acid does not only oxidize the phosphoric acid, but it also, as Bunsen and Baumert have announced, enriches the ozone, since, after the washing, it was surprising to find more ozone than before, evidently the result of the fact that the oxidation of phosphorous acid is itself a cause of ozonization.

De Babo has succeeded in so thoroughly drying ozone as to obtain it in an anhydrous condition, from which it follows that this particular form of ozone cannot be confounded with hydrogenous ozone HO_3 discovered by Baumert.

Bunsen and Magnus, who spoke successively on the subject, are of opinion that it is necessary to admit the existence of two kinds of

ozone, one to be considered allotropic oxygen, and the other as a hydrogenous compound. This obscure question of the nature of ozone has met some elucidation in one of the subsequent sessions of congress, as the following will show.

Schoenbein, the Chemist of Basle, who has been occupied, as he himself says, for more than twenty years in the study of oxygen, has shown us how a man can obtain a fair name in science by merely attaching himself to the study of one particular body.

Schoenbein announced to the congress the existence of three kinds of oxygen: one, ordinary oxygen, that which we respire from the atmosphere; the two other kinds are two forms of ozone which bear the same relation to each other that the two forms of electricity possess. In fact, we form ordinary oxygen when we bring these two kinds of ozone together; and, on the other hand, ordinary oxygen is destroyed when, by any given chemical action, one of these two allotropic modifications that compose it is removed.

The tendency, on the part of the two modifications, to be produced from ordinary oxygen, explains certain effects heretofore called *catalytic*, which have been unaccountable. Thus peroxide of barium and oxygenated water, being acidified by nitric acid, are reciprocally decomposed, giving rise to the formation of water, protoxide of barium, and ordinary oxygen; under similar circumstances permanganate of potassa is reduced to manganic oxide, and chromic acid becomes oxide of chrome; that is to say, these compounds are deoxidized in the presence of an abundant source of oxygen, and precisely from the contact of that particular form of oxygen, or ozone, whose oxidizing properties are effective in the direct oxidation of the least oxidizable bodies, such as nitrogen, which is, as we know, directly transformed, under the influence of ozone, into nitric acid.

These effects, so contradictory, are thus explained: a combination strongly oxygenous can be decomposed in the presence of a compound, rich in oxygen, whenever one of the compounds contains oxygen in the condition that may be called *positive*, and the other in that which may be called *negative*. The result of this decomposition is ordinary or *neutral* oxygen. It is this, moreover, which is obtained, when we experiment with ozone obtained with phosphorus by the action of oxygenized water—the product being pure water and ordinary oxygen. Therefore, in order that ozone or nascent oxygen, obtained by phosphorus, should act as an energetic oxidizer, it is necessary that it should not be in presence of nascent oxygen produced from oxygenized water. Thus an acid loses its acid properties in presence of a

base and reciprocally, and ozone affected with a sign + loses its oxidizing properties in the presence of ozone of the sign —. L. H. S.

Preparation and Use of Tannate of Lead, in the moist condition, as a Preventive of Slough of the Sacrum. By LE CLERK.

Le Clerk, chief physician to the civil almshouse of Laon, has communicated a plan which, he says, succeeds perfectly with such affections. It consists in the application of tannate of lead, in the moist condition, whenever there is redness or sensitiveness in the sacral region. However, if a slough be found, as soon as it begins to detach itself it should be dressed with tannate of lead with turpentine.

The following is the formula for the preparation of the hydrated tannate of lead:

Pulverized oak bark..... 32 grammes.
Pure spring water.....250 "

The mixture is to be boiled until the quantity is reduced to 125 grammes, and then strained; when extractum saturni is to be added until there ceases to be any precipitation. The precipitate is then received on a filter. A thick layer is spread with the finger upon the parts threatened with gangrene, and they are then covered with fine linen. His method is preferable to those heretofore employed, for if it is adopted in time the cases are exceptional where a slough will take place.—*Revue de Therap. Med. Chir.* L. H. S.

Sketch of the Life of Mons. E. Soubeiran. From the French of H. BUIGNET.

Soubeiran was born at Paris on the fourth of the month Prairial, in the 5th year of the Republic. He exhibited a decided taste early in life for the study of science. Having suffered a reverse of fortune, his father established, in the year 1811, a Bleachery at Bezons, near Paris. He worked at this place for some time; shortly after, in 1813, he left for Montpellier, where he placed himself as a student of Pharmacy with M. Pouzin. Having passed three years in this shop, he returned to Paris, to terminate his course with Montillard, Rue Saint-Honoré.

At Montpellier, as well as at Paris, he employed his leisure moments, with much ardor, in theoretic studies. Thus his entrance on

the arena of science was marked by two brilliant successes; at the *concours* for the position of *interne* in the hospital he was admitted as second, during his first year, and at the concours of the School of Pharmacy he bore off all the first prizes in physical and natural sciences.

The place of chief pharmaceutist being vacant in the *Hôpital de la Pitié*, he competed for it and received the appointment. From this place he published his first contributions on soluble cream of tartar, and the rôle of boracic acid in its preparation; and, from this period, it may be said that he did not cease furnishing the Journal of Pharmacy with facts and observations.

In 1832, the administration of hospitals being about to name a successor to Henry, whom the terrible plague that then desolated Paris had just removed from science and his friends, directed its attention to Soubeiran, whose rare qualities recommended him especially to their choice. He was then appointed chief of the central pharmacy; but in this honor paid to his deserts he only saw an additional opportunity offered to his zeal and his ardor for science.

His success he made available to the cause of instruction, and in 1826 he began a special course on pharmacy. This he continued and perfected at the central pharmacy. The subject was presented in a new light, and after a methodical plan, in entire conformity with natural classification. This methodical arrangement he reproduced in the *Traité de Pharmacie*, a work classic in excellence, whose success has been attested by five successive editions.

In 1834, the School of Pharmacy having perceived the necessity of adding two new chairs to its department of instruction, Soubeiran was selected to occupy that of physics. For a period of more than twenty years, during which he held this chair, he gave to his instructions an attractiveness quite peculiar, on account of the care he employed in multiplying experiments, and presenting them so as to be most striking both to the eyes and the intellect. The cabinet of physics owes a large number of very ingenious apparatus to him, the great advantage of which consists in rendering demonstrations neat and striking.

But it was particularly in the Pharmaceutical Society that Soubeiran most profusely displayed the marvellous qualities that distinguished him as a Professor. Appointed general secretary of the Society, at the death of Robiquet, he soon identified himself with it, so that he became the soul of its operations, and directed all its discussions with an indefatigable zeal, and an authority that he drew from

his own extensive knowledge. Every one can still recollect his clear and terse manner of speaking, always to the point, stating the most difficult and delicate questions in clear and precise terms. Every one can recollect that infinite skill, with which he knew how to set forth subjects the most abstract, and to clothe them in a simple, easy dress, intelligible to all.

The day arrived, however, when he believed it necessary to resign his duties as general secretary. Appointed Professor of Pharmacology in the Faculty of Medicine, he feared that he would not be able to devote all the time, to his former duties, that he believed, conscientiously, they required. I perceive, moreover, says he in a letter written to the members of the Society—I perceive that age is coming on, and that my activity is diminishing. It seems as if the statement, which then appeared to be merely imaginative to those whom he addressed, had been a presentiment to him of the terrible malady which was soon to remove him.

Having become a simple member of the Society, he attended its sessions with the same zeal as before, and continued to bring there the tributes of his experience and his observations. But lately he communicated the result of his investigations on the sulphur waters of the Pyrenees, and his process for the preparation of iodhydric ether.

This master of pharmacy died on November 17, after a long and painful illness. His works are too numerous and too important to be noticed in this brief sketch. Others may speak more eloquently of the rare qualities of my excellent master, but no one can know, or appreciate, them better than I can. L. H. S.

PROCEEDINGS OF SOCIETIES.

New York Pathological Society. Regular Meeting, October 27, 1858.
DR. E. R. PEASLEE, President.

[Reported for the MONTHLY, by E. LEE JONES, M.D., Secretary.]

At the commencement of the session, DR. MOSES occupied the attention of the Society by a reference to a singular case that occurred in his practice. He stated, that a short time ago he was called to a case of fever; there was nothing remarkable about it, and he regarded it as an ordinary case of mild typhoid. No complication presented itself except a little bronchial trouble, which subsided in the course of

two or three days. He saw the case on Saturday, and it was doing very well. On the following day he was unable to see him, but by all accounts he did very well. On Monday the friends told him, much to his surprise, that the boy was dead. It appears that the boy did perfectly well until within a few hours of his death, when he was seized with vomiting, of a black material, which very shortly after gave place to profuse hæmorrhage from the mouth and anus. This lasted two or three days. On making a partial post-mortem examination, and upon opening the cavity of the peritoneum, the surface of the intestines and stomach presented a very dark appearance. The whole mucous surface of the stomach was found covered with blood, as was also the case with the whole of the small intestine. There was no softening of the coats of the stomach so far as could be ascertained. Peyer's patches was found to be considerably enlarged. He could not discover a rupture of any of the vessels. It struck him as being a very unusual termination for an ordinary case of fever. He had seen but one other like it in practice, where the case terminated precisely as this had done, and the stomach and tract of the intestines were found to present the same appearances.

DR. HARRIS asked if there were observed any ecchymotic spots upon the surface of the body?

DR. MOSES stated that he had looked for these spots, particularly, but could not find any. The case was a very simple one, and when he first saw it he was rather disposed to consider it a simple case of bronchitis, with a little sympathetic fever. The friend of the patient said that he had had an attack of fever two or three months before, in connection with rheumatism, and thought that by some imprudence on his part he had brought on a relapse.

Dr. HARRIS said that the occurrence of such hæmorrhages would seem to warrant the conclusion that there was some morbid change in the blood. This condition of the blood was uniformly, so far as he has observed, connected with ecchymosis.

DR. MOSES stated that no such change in the blood was suspected; the symptoms were of the mildest and simplest character, and if Peyer's patches were not enlarged, he could not have dignified it with the title of typhoid fever.

DR. CONANT stated that hæmatemesis was not an uncommon symptom of cirrhosis.

DR. MOSES stated that this was one of the first symptoms that presented themselves in such a case.

DR. CONANT referred to a case of cirrhosis where there was vomit-

ing of blood, and where it was supposed that the blood exuded from the coats of the vessels, but upon injection rupture of the gastric veins was found to exist. He thought that this might have been the source of the blood in Dr. Moses' cases.

Dr. Moses thought that this could not be so, inasmuch as the blood did not present the true venous characteristics; nor did it seem as if it escaped from an open vessel. He was of the opinion that the blood was exhaled from the mucous surface of the whole intestinal lining, just as was the black vomit in yellow fever.

Dr. Peaslee was of the opinion that the source of the hæmorrhage was in the stomach.

Dr. Harris stated that in yellow fever the blood undergoes disintegration.

Dr. Peaslee said: It seems to me that the question of exudation of blood is one of the many points of pathology that required to be studied entirely *de novo*. I cannot conceive of blood in a healthy state getting out of any vessel without rupture of that vessel, any more than a cannon ball which is not to go out of the muzzle of a cannon getting out through the side without an opening being formed large enough for its exit. We may have the blood so broken down that the hematine is exuded, and, along with the liquor sanguinis, may present to the naked eye the appearance of blood; but no corpuscles, as such, can escape so long as the integrity of the vessel is maintained. Hæmorrhage always occurs in such cases, and exhalation is hæmorrhage. It may be very difficult to find a rupture in some cases, but nevertheless it does exist.

Dr. Conant thought that the blood escaped from the stomach the same as the serum did in cholera. In the first stage of this affection there are bilious discharges from the fluid that passes down from the stomach, then rice water discharges make their appearance, and there is no more fæcal matter in the stools. The upper part of the alimentary canal becomes first affected.

Dr. Moses maintained that both extremities of the canal were equally affected, inasmuch as he had seen discharges from the mouth and anus simultaneously, sometimes to the amount of two or three gallons.

He did not see any impropriety in mucous membranes pouring forth blood as well as serous tissues, which are far less vascular. He stated that hæmorrhagic pericarditis frequently occurs, as does also hæmorrhagic pleurisy. He believed that hæmorrhage in these cases occurred without any rupture of a blood-vessel. He stated that blood exuded

very frequently from the mucous membrane of the nose, and sometimes from the ear, and very rarely from the eye.

Dr. PEASLEE thought that these cases were analogous to one another; that they were in reality true hæmorrhages where a blood vessel had ruptured. He stated that it was yet to be proved that hæmorrhage could take place without any rupture. In cholera, he stated, there was no hæmorrhage, nothing but a mere physical exudation.

Dr. SCHILLING agreed with Dr. Peaslee in stating that no blood, as such, could escape from the vessels without a rupture. He referred to some observations made by Virchow, where the blood is blocked up in small venous twigs, by an exudation from the inner coats of some larger vessels. These twigs as a consequence burst, and blood escapes. He thought that possibly this might be the cause in the instance referred to by Dr. Moses. He stated that the black vomit in yellow fever was not pure blood, for the corpuscles were broken down.

Dr. MOSES stated that there was no rupture of blood-vessels in the catamenia of females.

Dr. PEASLEE thought that this was not proved.

Dr. CONANT stated that experiments had been performed with a view to ascertain this fact, and that it has been shown that a rupture did take place.

Dr. PEASLEE said that every one knew that blood was discharged by the female in her catamenia, and if in any case it could be proved that rupture did not take place it would put the question to rest at once; but he did not question that it was true hæmorrhage, and that a vessel was ruptured.

Dr. MOSES, in this connection, referred to a case of vicarious menstruation through the lungs, where he thought no rupture of a vessel occurred.

Dr. AGNEW next presented a specimen of *ulceration of the small intestine*, accompanied with the following history:

William H. Perkins, aged 24, native of Rhode Island, seaman; admitted to N. Y. Hospital Oct. 22d, 1858; Dr. H. D. Bulkley in attendance. Patient began to complain of malaise and headache ten days ago. On the evening of the 18th inst. he was at the theatre, and says next morning he felt a change come over him—had some epistaxis, to which he has been subject from boyhood, and at night was delirious. Has had no chill; been cupped upon the neck, and has had some mild cathartic. Condition has not changed since the 10th.

Present condition: countenance that of fever; skin hot; pulse 120 and feeble; tongue moist, and thickly coated with a white fur; bowels

moved by medicine; rational, and able to give the above account of himself.

Treatment: ordered infus. serpentaria. ℥j. every fourth hour.

23d. Perspiring freely; skin cool; pulse 120, and more feeble; delirious; slow in replying to questions, and answers confused; mentions having been to Aspinwall. Upon the supposition that his trouble might be miasmatic, he was ordered sulph. quinine grs. ii. every hour. In the evening became semi-comatose, viz., had muttering delirium, continually looking about him, but did not notice any one about him, or respond to his name. Pulse 120, large and soft; pupils dilated; skin still hot; quinine suspended. Ordered opium gr. ½, camphor gr. ii. every three hours, brandy at the rate of ℥xii. per diem.

At 2 P. M. had great jactitation, subsultus, carphologia; pulse and skin same; pupils natural; eyes congested. The attending physician thought it a case of meningitis, and ordered cups to the temples, calomel gr. i. every hour. Three ounces of blood were taken immediately, when the pulse were to 130, and became much more feeble. Ordered brandy continued, and mercurial inunction, together with the calomel.

25th. Pulse not so strong as last evening; brandy increased to ℥xviii. a day; rallied sufficiently in the night to protrude his tongue when asked, which was dry at the tip, the remainder moist and heavily coated white; less jactitation, but more carphologia; thumb and forefinger held together as if holding something; surface cool; perspiring; passing a large quantity of urine under him; abdomen rather retracted than otherwise; pulse 120, and indistinct; bowels moved twice after taking 16 grs. of calomel, which was suspended for four hours and then resumed. Died comatose at 2 P. M.

His brother says he spent his summer upon the Delaware, and the last seven weeks upon the Hudson River.

Autopsy.—1½ hours after death.

Brain.—Membranes moderately conjested, subarachnoid space distended, with clear serum sufficient to elevate that membrane from the convolutions. Near the longitudinal fissure were two opaque white spots, one on each hemisphere, having some resemblance to old inflammatory deposit. The ventricles and substance of the brain presented no deviation from health.

Thorax.—Portions of the lower lobes of each lung were collapsed, leathery to the feel, and without crepitation. Heart contracted and empty.

Abdomen.—Stomach moderately congested. Peyer's plates and the solitary glands very much thickened, red, with a distinct clear margin,

and most of them ulcerated. The ulcers were deep, ragged, edges everted, and the surface covered with a brownish yellow, or clay colored slough. The mesenteric glands were enlarged and red, spleen enlarged to about 12 ounces, kidneys and liver congested.

DR. MOSES asked in what proportion of cases where diarrhœa did not exist were there formidable ulcerations found to exist. He had frequently met with diarrhœa that had existed for many days before death, where there was every reason to believe that such a state of things did exist, when at the post-mortem no lesions of the intestines could be discovered. On the other hand, in many of these cases there were no symptoms that would lead to a suspicion of their existence, where even constipation was a remarkable feature.

DR. HARRIS stated that the appearances of the ulcers were very peculiar, and seemed to him to be very different from the typhoid ulcerations usually met with. It struck him that something might be learned in that connection respecting the cerebral symptoms. He thought that the indurated margins of the ulcers, as well as the appearance presented by the small glands, leaned to the supposition that the parts affected were the seat of tuberculous disease.

DR. CONANT referred to a specimen that he had presented to the Society four years ago. The patient had been first affected with cholera, which had subsided almost entirely; then a typhoid condition supervened, from which she died three or four days after. He made a post-mortem, and found larger ulcerations of the intestines than in this case, especially around the ileo-cæcal valve. The ulcerated spots extended three or four feet up the ileum. A large abscess was also found in the mesentery, containing more than a quart of pus. The mesenteric glands were enlarged and had every appearance of being tuberculous. There was no difficulty in the lungs.

DR. HARRIS stated that Dr. Graves related a case in which very severe cerebral symptoms manifested themselves, where a post-mortem revealed a most remarkable lesion in the small intestine; ulcers extending through several feet of the ileum, and which corresponded as far as the description given with the specimen upon the table. Dr. Graves thought that the cerebral symptoms were due to reflex action. He (Dr. G.) makes no mention of having found any typhoid matter in the intestines, and evidently did not believe it to be typhoid fever.

DR. GARDNER stated that he had met with but one case in a large number of post-mortems that was in any way similar to the one presented. The cause in that case was referred to syphilis.

DR. SCHILLING stated that he had made a great many post-mortems,

both in this country and others, and had noticed the fact, that the ulcers of the intestines, all other things being equal, were smaller and less abundant when brandy and other stimulants were not employed in the treatment. He had noticed that these ulcers were very apt to be covered with crusts of fæcal matter.

Dr. Wood stated that the large ulcers were the very types of the diphtherite of Brettonean, while the smaller ones looked as if they were tuberculous. He was of the impression that Dr. Sabine presented a specimen to the Society where both these varieties of ulcerations were well marked in the same individual. The patient had contracted typhoid fever while suffering from phthisis. There were found tuberculous ulcerations in the mesenteric glands. In the case before us, said he, we have also trouble of the mesenteric glands; they are enlarged and congested, and the microscope would no doubt show them to be affected with tuberculous disease. He stated that convulsions were by no means rare in tuberculous affections of the intestine, from the fact that the base of the brain is almost sure to be similarly affected.

Dr. Moses stated that, when he was a resident in the New York Hospital, cases similar to the one present were of frequent occurrence. He only looked upon the case as remarkable in the rapid formation of the ulcerations with absence of all abdominal symptoms. He stated, that whenever there is ulceration of Peyer's plates the mesenteric glands connected with them are very apt to be swollen and inflamed.

Dr. Peaslee stated that the appearances after death from scarlatina and phthisis, where the intestine is affected, are so like those we see in fever, that it is very difficult if not impossible to distinguish them. He had seen a post-mortem after phthisis, of which he was very strongly reminded on viewing this specimen, and yet the Peyer's patches were affected at the same time.

Dr. Harris thought that the large patches were due to typhoid ulcerations.

Dr. Metcalfe stated that the probability would be in favor of the ulcerations being tubercular, at the same time it would be nothing more than a probability. Within the last three weeks he had a similar appearance present itself in a case of well-marked typhoid fever, where there was no tubercular affection. Generally speaking, said he, the tubercular ulcerations have a tendency to encircle the gut rather than take the direction of the long diameter. These are simply general statements, for I have seen ulcerations of Peyer's glands extend in a longitudinal direction, and also typhoid ulcerations present the same appearances as are here shown.

With regard to the absence of abdominal symptoms, I have met with cases of the same kind where the symptoms were so marked in relation to the head that there was a great deal of doubt whether or no they were typhoid. There were no abdominal symptoms whatever, but after death almost the same lesions were found as in a well-marked case of typhoid fever. He thought that the disease of the brain in these cases marked the disease elsewhere.

DR. WOOD next presented a beautiful specimen of *spina ventosa*. These tumors, said he, grow either from the cavity of the bone itself, swelling out like an aneurism, as it is a new growth from the bone, as in this instance. Now, the majority of the eggshell tumors come from the cavity of the medullary canal; but in this case we have a tumor the size of a hen's egg, coming from the periosteum, expanding out and presenting, as you see, a medullary cavity and cancellated structure of its own. It probably commenced in a periostitis, and the marrow of the bone was so deposited that this exostosis was the result.

There does not seem to be anything pathological about it; the only inconvenience that the patient suffered was from its position, interfering to a considerable extent with the easy movements of the limb.

DR. WOOD presented another specimen, taken from the body of a man who had died of a severe injury. He brought a portion of his mutilated body, one of the clavicles of which was the seat of a simple comminuted fracture. This, he stated, was of very rare occurrence, while on the other hand compound fractures of this bone are not uncommon.

He next presented a third specimen, a portion of the chest of a female who entered Bellevue Hospital three years ago with a stab of the left side. The dagger with which the deed was done transfixed the sixth rib. She was there but a short time, and was discharged cured. She came in a short time ago, and died, I think, with Bright's disease. On examining the thorax, a portion of the dagger was found in the rib, the pleura being pushed before it. Just at that point there is a mass of what appears to be adipose tissue, about an inch and a half in length and three-fourths of an inch in breadth, hanging with a free extremity into the cavity of the chest. This material was found to be covered with the pleural membrane. The dagger's point did not seem to penetrate the pleura, but simply pushed it before it.

DR. DALTON thought that this fatty mass originally existed in the cavity of the pleura, and the point of the dagger had caused inflammation and adhesion, and this glued the parts to the parietes.

Aneurism of the Aorta.—Dr. Metcalfe presented a specimen of aneurism of the aorta, with the following history: Mary Walsh, 23, Ireland, domestic. Father died of typhoid fever. Mother has phthisis, but is still alive. Patient is married and has had two children, one still living; the other died of croup. Has never miscarried; has always been regular until the commencement of this disease. Last August she first noticed a pain between her shoulders, extending to the arms and fingers. Six months after, while sleeping at night she was suddenly awakened by a pain commencing at the tip of the ensiform cartilage, and passing through to the back, which pain has never left her. Her food soon commenced to trouble her, and she suffered much from severe eructations and vomiting, especially after her meals. About five months ago she first noticed a small tumor in the epigastrium. Continuing to suffer more intensely, she entered Bellevue Hospital. She remained here about two months, suffering continually from the above symptoms. There was a small tumor pulsating, but giving no thrill in the epigastrium; at times this would almost disappear; milk diet relieved the vomiting, and anodynes eased her pain. Her bowels never moved except with medicine. She left the hospital six weeks since, and resumed her work as domestic. Immediately the tumor commenced to grow and the pain to increase. She soon ceased work and remained in bed. The tumor continued to increase so rapidly that she re-entered the hospital January 27th. She was much debilitated, bowels constipated, urine slightly albuminous, and she was suffering from a very acute pain in the epigastrium. On examination, a tumor was found, filling almost entirely the epigastrium and extending nearly to the umbilicus. It was globular in form, had a smooth surface, and permitted the free movement of the abdominal walls over it. The tumor pulsated both visibly and palpably, forward and laterally; was dull on percussion, had no perceptible thrill, and was painful on pressure. On auscultation a systolic bruit, much more audible in the epigastrium than elsewhere, was heard. This bruit was not conducted down the femoral arteries, and could not be detected posteriorly. On smart percussion along the spine, one tender spot was found opposite the tumor. After her admission the constipation was relieved; tonics and stimulants were freely given, opium and morphine to alleviate the pain.

Thursday, June 3d.—There was a marked diminution in the size of the tumor, and her bowels moved very freely during the day and night. The stools were very fluid and of a dark color. That evening she began to sink very rapidly, and died, with symptoms of prostration and with delirium, at 4 A. M. Friday, June 4th.

Autopsy ten (10) hours after death. Weather temperate, body pale, no rigor mortis.

Abdomen tympanitic. On opening this cavity a large amount of gas escaped from the stomach accidentally incised. Small intestines moderately injected. Liver natural size and markedly fatty. Under the pancreas, which was lifted, was a tumor, noticed during life, which proved to be an aneurism of the abdominal aorta, near the cœliac axis; the orifice being the size of a quarter of a dollar. Sac was filled with a quantity of fine coagula. To the tumor several coils of intestines were very firmly attached, as was the aorta to the vertebral column. There was no erosion of the vertebræ.

Kidneys were not healthy, right being the smaller; left kidney white, mottled with red; cortical substances markedly diminished.

The small intestines were filled with a brick-dust colored fluid, resembling blood; but it was impossible to find the communication between them and the aneurismal sac.

On microscopical examination, this fluid contained no traces of blood. Thorax Left lung was moderately adherent to the costal pleura; there was a small cicatrix at the apex, containing tubercular matter as large as a walnut, but not softened, otherwise healthy. Right lung adherent throughout by old false membranes; there was a small tubercular deposit, not softened at the apex, otherwise healthy. Heart natural in size, somewhat distended with coagulated blood; bowels healthy.

Head not examined.

The case was an interesting one to him, from the fact that the aneurism collapsed without bursting. He thought it was deserving of special mention in connection with the history of the case. He never saw one of this kind before.

DR. CLARK said: I am inclined to think that a termination somewhat analogous to this case is not very uncommon in aneurisms. I can recall several instances where aneurismal disease of this sort has terminated in a very similar way, the tumor subsiding very much, and leading to the suspicion that blood had escaped; yet, upon examination, no blood was found.

I saw a case of a tumor nearly in this same position, in which the pain was extreme, the man being sleepless for many nights on account of its severity. The tumor was supposed to have been formed as the thoracic aorta passes through the diaphragm, for the reason that the pain was principally at two points, at equal distances from the median line, corresponding to the anterior attachment of the diaphragm. I

saw the patient a few hours previous to death. There was syncope, as from loss of blood, and there was no pulsation over the epigastrium. I staid with Dr. Crane perhaps two hours, and finding that the termination was not to be immediate, I was obliged to leave. He died in the course of the night.

The tumor was found, as I remarked, exactly where we expected to find it; but it was found to be entire, and the subsidence of the pulsation had to be accounted for in some other way. We thought the fact explained, by a lack of force in the heart to fill it with blood.

There was found quite a copious exudation of blood in the stomach and intestines. In these respects the cases are quite analogous. In regard to the fact noticed in Dr. Metcalfe's case, that no blood corpuscles could be found, he stated this was common enough, the capsules of the cells being acted upon chemically and destroyed.

Dr. Metcalfe.—Why is the blood effused into the intestinal canal?

Dr. Clark.—That is more than I know.

Dr. Metcalfe was of the opinion that this was not a common termination of aneurism. He had seen a good many cases of that disease, but had never known of such an instance before. He had frequently seen them burst, giving rise to the same symptoms as detailed in the case presented, and had seen a case where the patient lived a week after it had burst.

Dr. Peaslee thought the retardation of the blood in the vena cava, from want of sufficient power in the heart, would tend, secondarily, to draw up the blood in the portal system, thus giving rise to hæmorrhage; and the tumor might subside, for the same reason, several hours before death.

Dr. Metcalfe thought that, if simple retardation of the blood could give rise to such consequences, it would happen very frequently.

Mulberry Calculus.—Dr. Peaslee presented a beautiful specimen of a mulberry calculus, taken from the bladder of a patient, 57 years of age, who died six hours after the operation, which was performed by Dr. Mussey. The patient, a man of high standing, was first seen by Dr. Peaslee the 10th of last August. He complained of a great deal of pain in the region of the bladder, and had suffered considerably from hæmaturia. The doctor at first thought this was the result of a fungus growth; but afterwards, by introducing the sound, detected a large calculus in the bladder. Previous to the operation, the patient had a good deal of hæmaturia, which was very persistent in its character. The hæmorrhage was finally arrested by the use of alum and benzoic acid. He advised the operation of lithotomy, inasmuch as the stone

was too large to be crushed. Feeling that it was a desperate case, he called in Dr. Mussey, who had had a great deal of experience in reference to such cases, having operated fifty-three times. The operation was performed with as little delay as possible, and, notwithstanding the patient was in a very unpromising condition at the time, immediate extraction of the stone offered the only possible chance for him.

It was very difficult to extract the stone, and the operation lasted an hour and three quarters, during the whole of which time the patient was under the influence of ether. After the operation was finished, the patient was put to bed and appeared like any other patient, gradually wakening from the anæsthetic; when, twenty minutes after, his pulse began to fail, and, despite the free administration of stimulants, he died in six hours.

The stone removed weighed ℥ij.

He stated that the operation, to the best of his knowledge, had been performed skillfully, not more than four ounces of blood having been lost. He believed that the operation was imperative, and he should have performed it if Dr Mussey had not.

About nine ounces of ether were used.

DR. METCALFE referred to a case where chloroform was administered, and stated that he wished he could think chloroform had nothing to do with it.

DR. MOSES referred to a case of death from either chloroform or ether, in an amputation of the thigh. The patient seemed to come from under its influence very well, but rather suddenly sank, and died in the course of three or four hours afterwards. He attached a great deal of importance to the idiosyncrasy of the patients.

DR. WATTS thought it was very important to draw a dividing line between the effects of ether and chloroform. He was not aware of any death having occurred with ether, though by chloroform it was by no means rare.

DR. METCALFE did not have any doubt that ether was almost devoid of danger to life, while chloroform was known to produce death quite frequently. He was told that there was one recorded case of death from ether in New England.

DR. WATTS asked if the patient could not die from the shock of the operation?

DR. PEASLEE was of that opinion, and thought that the patient would have died without the ether. He had never heard of, seen, or suspected an instance where this agent was the cause of death.

Regular Meeting, November 10, 1858. Dr. E. Harris, Vice-President, in the Chair.

Abscess of the Brain.—Dr. Krackowitzer presented a specimen of abscess of the brain, taken from a young man who died the morning before at an early hour. He was 23 years of age, of rather a delicate frame, but otherwise healthy. He remembers having had while a boy a discharge from the right ear for some time, but was ignorant of its cause. As a consequence of this early trouble, the hearing upon the affected side was less acute than the other. He was always healthy from that time until a year ago, when he was stabbed with a knife behind the right ear in a drunken broil. The wound seemed to heal up in the usual way at the end of a week after it was inflicted. A short time after it was healed there was marked pain and swelling of the part. A physician opened the wound, and introduced a tent in order to allow a free discharge; the pain after a while ceased. The wound healed up again, when pain again made its appearance. It was then opened, but was again allowed to heal up, the pain returning, which was not relieved until matter was again discharged. Last July, when he married, these attacks became more frequent and severe. He was then obliged, when suffering from an attack, to hold his head stiff, and, when he wished to rise, to support it with his hands. He was obliged at that time to lie a day or two in bed.

On the 22d of last October he had an attack, the pain of which was so severe that he fainted away.

On the 27th Dr. Vos was called in. I saw the patient in company with Drs. Vos and Jacobi soon after. We found an opening behind the ear about the size of a pea, and, on introducing a probe through it, we struck upon bare bone. We found also a hole in the mastoid process connecting with the cells for an inch and a half. The general symptoms were only those of intense suffering from pain. The skin was natural, pulse 84, head cool, pupils normal, answering readily to the stimulus of light, no distortion of the face, and the tongue protruded in a straight line. There were no symptoms about the chest or abdomen. The patient preferred to lie on his right side. There was in the neighborhood of the diseased point a diffused moderate swelling extending down along the sterno-cleido mastoid muscle as far as the hyoid bone. The aperture in the skin was enlarged in order to give free vent to the matter. We thought, inasmuch as there were no cerebral symptoms, that it was an increase of the crus petrosa, and that no heroic treatment was required.

The symptoms in the course of the disease never changed—never

had a chill, nor was the appetite ever entirely destroyed. He improved somewhat by the enlargement of the wound, but considering this provision to be insufficient for the discharge of the matter from the mastoid cells, an operation was performed on the 6th of the month, in order to give the discharge a freer exit. The external layer of the mastoid process was removed by a trephine, and a free oozing of matter followed the teeth of the saw. The cavity of the mastoid process was filled with a thick, purulent matter, which gave forth an abominable smell. A large quantity of dead bone was removed by Luer's forceps.

The patient was not much relieved by the operation, except that the matter was more freely discharged. The pain was about the same, and he required opiates until yesterday morning, when rather suddenly he became comatose, and soon after died.

Post-mortem.—On opening the skull the dura-mater and pia-mater appeared quite healthy, the brain presented the normal appearance, though it seemed rather dry. A perpendicular incision was made in the brain, dividing the corpus callosum, when the knife entered the third ventricle, and a large quantity of pus oozed out. When the organ was removed it was found that on the surface of the middle lobe there was a large abscess lined with a pyogenic membrane corresponding to the position of this abscess, and on the anterior aspect of the crus petrosa the dura-mater was ulcerated to the extent of a three cent piece, at the bottom of which necrosed bone was exposed. It was impossible to find any connection of the cavity of the mastoid process which is laid open here, with the cavity of the skull. There is a communication between the tympanum and the cavity of the mastoid process. The portio dura, it seems, was not in any way involved in the diseased action. All the other parts of the brain were healthy.

The viscera of the other cavities were not examined.

DR. CLARK thought if it was a surface abscess of the brain that the matter followed under the posterior portion of the third lobe, penetrating through the velum interpositum into the third ventricle. He stated that it was interesting to notice that such a collection of pus could exist in that situation, without giving rise to any manifestations of disturbance of the cerebral functions.

DR. KRACKOWITZER thought if the abscess was situated only on the surface that the pia-mater would have an exudation upon its surface. Such, however, was not the case, as that membrane was healthy throughout the whole of its extent.

DR. WOOD remarked that surface abscess from syphilitic disease

of the brain was of frequent occurrence, and had existed for years without disturbing the cerebral functions. He operated some time ago upon a case of necrosis of the os frontis from syphilitic disease. The disease had existed for a long time, attended during most of the time with persistent and rather severe pain. All at once the patient became comatose, and was brought to the hospital with all the symptoms of compression of the brain. Being present at the time of admission, he trephined and opened into a large surface abscess, which communicated with an abscess in the lateral ventricle, which was secondarily formed. He said that such abscesses might exist for a long time without interfering with the functions of the brain. He had trephined several for this abscess with marked relief. He stated that there are two kinds of ulceration of the temporal bone, extending from the external ear in the form of otorrhœa, which eventually reach to the brain, inducing surface abscess. In one case a local acute meningitis is the result, while in the other a chronic abscess is formed which will allow the patient to live for a long time.

Cancerous Testis.—Dr. Parker next presented a specimen of cancerous testis, removed from a child 10 months old. He said the child was brought to him from the country. The physician was in doubt as to its precise character, but thought that it was either hydrocele or malignant disease of that organ.

Dr. Parker could discover no positive symptoms of hydrocele, there was no translucency present, and the whole organ seemed to be involved in a diseased action. The child itself is as healthy as ever, as is also the case with the whole family. The exciting cause seems to have been a slight blow on the testis about six or eight months ago. About six months after the accident it was noticed that the testicle began to increase, particularly within the last week or two. During all this time the patient complained of no considerable amount of pain. The testicle according to his advice was removed, and was found to be encephaloid. He stated that there was a very singular structure in the centre that gave the appearance of tubercles, but was afterwards found to be composed of fatty matter. He stated further, that this was the youngest subject in which he had met with this disease.

Dr. Wood stated that he had never seen the disease in a subject so young, and asked, in that connection, what was the largest period a patient was known to survive after the organ was removed? According to his experience the duration of life was about equal to that after extirpation of the breast for this disease; that they hardly ever live over two years. He referred to encephaloid disease.

DR. PARKER stated that he had seen several cases of true encephaloid disease of the organ, upon which he had operated, and never had a patient live over a year. Frequently he noticed the disease to return in six months, and the patient die in nine. He had seen two cases of amputation of breast where one lived five years and the other six years after the operation.

REVIEWS AND BIBLIOGRAPHY.

The Modern Practice of Midwifery—A Course of Lectures on Obstetrics, delivered at St. Mary's Hospital, London. By WM. TYLER SMITH, M.D., Member of the Royal College of Physicians; with an Introductory Lecture on the History of the Art of Midwifery, and Copious Practical Annotations, by AUGUSTUS K. GARDNER, A.M., M.D., late Instructor on Obstetrics in the N. Y. Preparatory School of Medicine, Author of the "Causes and Curative Treatment of Sterility," etc. Illustrated by 212 Engravings. New York: M. De Witt, Publisher, 160 and 162 Nassau Street.

In our day of universal publishing, when the market is flooded with literature which is only too little condemned by calling it worthless, and when especially the physician, who wishes to keep himself informed of the existing state of his science and art, has to devour so much crude trash for the sake of appropriating a very small amount of nutritive material for his mental digestion, the supposition is always against a new book. It comes before the profession like a criminal on its trial, and unlike a criminal in our courts of justice the burden of proof lies on itself. The charge stands thus: "You, 'Modern Practice of Midwifery,' or whatever your name be, stand accused by the High Court of Medicine of appearing in the midst of an unoffending association of busy men, and under cover of a sheepskin back and handsome typography, pretending to convey to them useful information on topics connected with their art, while you are in reality a wolf in sheep's clothing, seeking to extricate sundry dollars from the pockets of this respectable fraternity, and to devour their time and their patience, which are more to them than their dollars—your chief object, however, being self-glorification. The only ground for bringing this charge against you is the fact that other new books have done the like before. On this grave accusation, therefore, of obtaining time

under false pretences, you are put upon your trial, and are expected to prove your innocence of it."

It must be allowed that this is rather harsh treatment; perhaps the old Anglo Saxon love of justice a little rebels against so unceremonious an inversion of one of its holiest dogmas, but severe diseases require severe remedies; while we may conscientiously pray "From all sedition, privy conspiracy, and rebellion good Lord deliver us," we all of us, probably, in America acknowledge the occasional beneficial working of a Vigilance Committee; and so in this case, until men can learn to wait until they have something really of value to the profession before rushing into print, this task of proving the negative must be thrown upon them. They must be able to show that their books contain either new facts, or new deductions from old facts, or old deductions from old facts, stated in a clearer, simpler, or more engaging manner than they have heretofore been. If a book can establish for itself a claim for none of these merits, it is damned; it is entirely unnecessary to look for its positive faults—its absence of virtues is a sufficient reason why it should not have obtruded itself upon our notice. On the other hand, a book may have many glaring faults, and yet if it can conscientiously assume for itself one of the above mentioned merits it will stand, its faults will be forgotten, if not pardoned, for the useful and the good that is in it.

Now, before beginning this volume itself, it makes us three pleas which go very far towards triumphantly asserting its innocence, and still further of claiming from us an unusual degree of respect and attion. First, its author's name, which is known to all intelligent practitioners as that of a man who, though perhaps sometimes open to the charge of partizanship, is yet an earnest searcher after truths, a hard student, a laboring practitioner, and an exceedingly acceptable teacher. Secondly, its appearance in the serial manner in the *London Lancet;* for we are happy in believing that we have at least one medical journal in the English language, the publication in whose pages of a series of communications on any topic extending over a sufficient number of issues to entitle it to the place, if not to the name of a treatise, is sufficient to ensure their practical and scientific value. Thirdly, the fact that while these lectures were still in process of serial publication they attracted the notice of a practitioner in our own city, who, while his duties as a journalist enabled him to compare them intelligently with other productions on the same subject, which have recently appeared, was at the same time fully competent, from his constant and active experience, to judge of their practical value to the practitioner

as well as to the student; and so much was he convinced of their superiority, that he formed the opinion "that if collected into a volume they would form the best body of midwifery extant." To this conclusion we owe the book in its present form; and while we cannot, perhaps, fully endorse the editor's opinion, we do appreciate very great merits in the work, which we shall proceed to notice.

The lectures are, as Dr. Gardner observes in his introductory lecture, "written with great clearness and precision." Whether we may always be disposed to accept the author's views or not, we are always able to understand them, simply because he evidently understands himself, and further possesses the somewhat rare faculty of conveying his ideas in simple and accurate language.

The plan of the course presents this slight difference from that usually pursued by authors and teachers, in that while the consideration of the organs of generation is early taken up, the description of the anatomy of the pelvis is deferred until after the subject of the sexual functions, conception, pregnancy, its disorders and anomalies, and the gravid uterus, with its nervi-motor functions, &c., have been dealt of, and then introduced with its relations to the fœtal head, immediately before the chapter on the mechanism of labor; and we incline to think the arrangement a more natural and, for the student, practically useful one. The division of the work is systematic and careful. The author certainly begins at the beginning, if not a little before it, for his first chapter is "Generation," not in the human species, but primarily in the very lowest forms of created being. This he justifies on the ground that "there are no races so low in the scale of creation, but that the history of their generative phenomena is calculated to throw light upon the same functions in classes of the highest rank in the animal." He begins with the long agitated question of "Spontaneous or Equivocal Generation." He considers the only ground now left upon which the supporters of this theory can now stand to be generation in the infusoria and entozoa.

The first he holds to be sufficiently disproved by the now established fact that the presence of air is necessary to the production of animalcules in vegetable infusions, which air doubtless contains the germs of infusoria, if not the infusoria themselves, and that air can be so treated by caustic potash, by sulphuric acid, and by heat, that its presence shall be entirely inefficient to produce them. And with regard to the second, he considers that the indestructibility of their ova, together with "their powers of penetrating animal tissues, appear sufficient to explain all the seeming mysteries respecting entozoa without resorting

to the theory of spontaneous generation." In these conclusions we think all unprejudiced scientific men will agree with him, for the doctrine would present an anomaly in the laws of the universe from which the mind instinctively shrinks. Beginning with Fissiparous Generation, Dr. Smith traces up the various steps of development in this function to its highest exhibition in the human being, which he notices very briefly, and concludes this very interesting chapter by attributing the pains and perils of child-birth, and the consequent necessity for the study of obstetrics, to the more "intimate vascular intra-uterine connection between the mother and fœtus," the greater "intricacy of the organs of generation, the arrangements of the pelvis in accordance with the upright position, and the comparatively large size of the brain and cranium of the human fœtus," to accommodate the greater "development of the human intellect."

A verbal quotation from Meigs, in the second chapter, on the external organs of generation, in which with his frequent happy use of language he styles the clitoris "the organ of touch to the aphrodisiac sense," affords us an opportunity for remarking a feature of this work in common with others lately issued by the English school, namely, a growing respect for the opinions and practice of American physicians, taking the place either of the utter disregard, or the supercilious tolerance with which they have heretofore been disposed to receive all our contributions to science. A notable instance of this is to be found in the very generous, as well as flattering manner in which the recent very valuable work of Dr. Bennet on Clinical Medicine speaks of the labors and results of Dr. Horace Green, and the unequivocal support which he gives to his mode of treatment, as vastly superior to all others. Throughout his work Dr. Smith refers constantly to the "practice in America," in a manner that shows a decided familiarity with that practice, as well as a recognition of the fact that America has a practice of its own, different from that of England or the Continent, although oftener, perhaps, assimilating to the latter than the former, especially in the subject under consideration. Dr. Meigs is quoted probably oftener than any other American obstetrician, and notwithstanding his many eccentricities, and, perhaps, affectations, his work is certainly the most elegant, scholarly, and original treatise on that subject ever yet published in America; and until some one with his genius, but without his prejudices, will write us a better one, we must consent to be represented by his. We mention this tendency, not because we think that American physicians stand in need of British approval, but because it shows that the profession here is beginning to take its

place on a level with that of other countries, in *their* estimation, which we consider to be the initiative to its occupying, as it must eventually do, the very first rank in the grand march of medical science.

This chapter contains a digression (p. 51) for the student, very valuable because practical and clear, on the "methods of performing catheterism." The author differs from most writers in supposing that the number of mucous follicles in the vagina is large, the only point at which he has detected them numerously being at the outlet. He is rather disposed to attribute the mucus of the vagina to epithelial action. On the other hand, he dwells (p. 64) with peculiar stress on the immense number of glands in the mucous membrane of the cavity of the cervix, summing up the subject in the rather forcible expression, "The cervix uteri may, in effect, be considered as an open gland." He prefers, and properly, the term nulliparous to that of virgin uterus, for, as he says, (p. 67,) "intercourse without impregnation exerts no influence upon the anatomical characters of the organ." As regards the source of the menstrual flow, about which there must be a greater difference of opinion in Great Britain than we suppose to exist in this country, he concludes (p. 92) that "all the exact evidence we possess points to the cavity of the body of the uterus as the true seat of menstruation," which is the generally received opinion here.

Shortly after, he enunciates the "rather startling" doctrine, that at every menstrual flow the mucous membrane, lining the cavity of the uterus, exfoliates in a disintegrated state, and a new one is formed; and this idea he labors, somewhat at length, to substantiate. It would require more evidence than he adduces to make us willing to adopt so bold a theory, although his arguments do make it appear a little less startling than it would, at first hearing, seem. We can imagine how very "startling" it must appear to Dr. Meigs, who, we believe, finds it yet "difficult to comprehend" how the mucous membrane, "once thrown off as a decidua, can ever be reproduced for the service of subsequent pregnancies." The subjects of fecundation and conception, the anatomy of the placenta, &c., are all brought up to very last developments in those branches of study, and are clearly and ably elucidated.

In treating of the development of the ovum, (p. 106,) he makes the following suggestive, though somewhat humiliating, reflection: "The subject of the evolution of the perfect individual from a triple membranous sac would admit of extensive development in human physiology and pathology. Man in his greatest pride does but consist of the involutions and devolutions of these membranes. Upon the vital

energy possessed by these layers depends his health, his tendency to the diseases of the system evolved from them, and the duration of his existence." It is a little singular that, in speaking of the alterations of the cervix uteri during pregnancy, (p. 137,) he should make not the slightest mention of the opinion of M. Stolz, (added by the American Editor,) now so generally received in France and in this country, and so completely at variance with his own, though old theory of absorption into the body of the organ. We have latterly been inclined to adopt the opinion that neither of these theories is consistent with facts, but that probably that of Professor Braun, of Vienna, who strikes a sort of middle course, and, while admitting the softening from below, still adheres to the opening from above, is nearest the truth.

Passing over many interesting topics, we come to a chapter (Lecture xvii.) on the "Nervi-motor Functions of the Uterus," in which are considered, 1st, the "relation of the cerebral system to uterine motor action;" 2nd, very carefully and instructively, the "forms of uterine action depending on the spinal marrow;" and, 3rd, "peristaltic action, or ganglionic motor action." And it is in the careful manner in which the author has elaborated this branch of the subject, and the valuable practical deductions which he draws from it later in the work, when treating of puerperal convulsions, that we conceive the strength and value of the book to lie. We take the liberty, therefore, of passing over the conduct and mechanism of labor and kindred subjects, which, although well treated, do not present much that is new, and, as far as mechanism goes, are, indeed, scarcely up to the French standard, and proceeding at once to the very important chapters on puerperal convulsions and puerperal fever. (Lectures xli. and xlii.)

The causes of convulsions are divided into centric and eccentric. Centric causes may be intra-cranial, intra-vertebral, or both. Among intra-cranial or cerebral are enumerated "the excitement inseparable from parturition; effusion, sanguineous or serous; cerebral distension in full states of the circulation; any intra-cranial diseases of tissue. Among intra-vertebral—disorders of the meninges; spinal congestion and anæmia; any impure state of the blood. A psychical centric cause is found in emotion. Eccentric causes are found in irritation of the uterus itself and of the uterine passages. The influence of the pressure of the head in the vagina has not, he thinks, yet been sufficiently considered. Irritation of intra-cranial excitor nerves, including irritation of the meninges, from whatever cause, and the presence of a clot in the brain. Irritation of any of the viscera."

The grand key to the explanation of the action of the causes of pu-

erperal convulsions he finds in the physiology of the true spinal marrow, which, he contends, is in a state of excitement resulting from the irritation of those of its nerves which come from the uterine organs.

Starting from these principles, he proceeds to lay down plans of treatment varying with these different pathological states, and points out, with great clearness, the classes of cases in which the great remedies of blood-letting and opium may or may not be used with advantage. Although not long, the chapter takes one of the most comprehensive and rational views of the subject yet published. It concludes with a consideration of convulsions from albuminuria. The chapter on puerperal fever opens with the startling announcement that about three thousand mothers die in childbed annually, in England and Wales; among the most prominent causes of which mortality is the disease in question. As regards its nature, Dr. Smith takes most unequivocal ground in favor of its being a blood poisoning; no matter what its peculiar manifestation—peritonitis, phlebitis, metritis—the cause is one and the same, "namely, some animal poison or zymotic influence." On the question of its contagion and infection, he is equally undoubting, considering that "evidence, as irrefragible as that which can be advanced in the case of any other malady whatever," can be adduced in proof of it in this case. He even goes so far as to assert his belief that the blood of an attendant upon a case of this disease may become so infected that he may, in that way, transmit the disease to another puerperal patient, and considers that this saturation of the blood may continue for a considerable time. In his treatment he suggests nothing particularly new, or that is likely to prove as efficacious as our American methods of treatment, by opium in heroic doses, and veratrum viride.

In conclusion we may say, that Dr. Smith's style is pleasant, his English good, his mode of expression clear and elegant, and his work, as a whole, very readable, as well as practically instructive.

Dr. Gardner has shown great judgment in making his additions, only doing so when there was an evident want in the book, and then briefly and well. We would simply mention his introductory lecture, which contains more facts on the early history of the art than were ever before collated—Kolrausch's plate of the organs of the pelvis, with description; Dr. Sims' elevator and position; Prof. Dr. Braun's "colpeurynter;" on hæmorrhage occurring after the birth of the child; on operations on the os and cervix uteri; on the tractor, and on the use of chloroform. The very slight attention to this last subject which

Dr. S. has given in his lectures, is only to be accounted for from the fact that the separate lecture which he promises on it is not published with the others. Dr. Gardner is certainly entitled to the thanks of the profession in this country for having brought the book, in its present handsome form, before them, with his own valuable addenda; and we feel confident that he will excuse us if we recommend to him, in conclusion, a little more careful attention to style in writing. It is of exceeding importance that a literary man, and especially a physician, should express himself clearly and unambiguously, if not elegantly. The author of "Old Wine in New Bottles" has proved that he can write elegantly, and he is, therefore, not to be excused when he writes carelessly. We might give instances of what we mean, but we feel certain that Dr. G., if he will carefully re-read what he has written, will acknowledge it to be susceptible of being expressed both more clearly and more elegantly; and the exercise of a little restraint and discipline in this respect will be of great and lasting benefit to him.

The History of Prostitution: Its Extent, Causes and Effects throughout the World. (Being an Official Report to the Board of Almshouse Governors of the City of New York.) By WILLIAM W. SANGER, M.D., &c., &c. New York: Harper & Brothers. 1858.

That prostitution is an evil of vast magnitude, and extremely difficult of control, few, who have any knowledge of city life, will hesitate to admit. Its history, and the repression of its evils, have at various times excited the attention and challenged the investigation of some of the ablest political economists and wisest legislators. Among those who stand deservedly conspicuous in this department of social inquiry, is M. Parent-Duchatelet, whose treatise not only furnishes an epitome of all that is valuable in the authors who preceded him, but abounds in exact information and philosophic inductions. Its appearance in France was almost immediately followed by such a change in the legislation affecting this subject, and the police surveillance exercised over it, as to mitigate many of its most glaring defects; and although it could not repress, it largely contributed to modify, the evils incident to its existence.

During the past year a work somewhat similar in purpose, although far less forcible in character, has been issued by one of the leading publishing houses in this city, (Harpers,) under the auspices of the

Board of Almshouse Governors of the City of New York, written by Dr. Sanger, Resident Physician at Blackwell's Island. This island, which, as most of our readers may know, contains two penal establishments and an almshouse, where most of the wretched and vicious of the population of the city sooner or later are found, furnishes unfortunately an ample opportunity for making observations upon that class of unfortunates described in Dr. Sanger's volume.

With the history of prostitution, which occupies 450 of the 676 pages of this work, and which the author says is chiefly compiled from other writers, it is not our pupose at present to deal. What more directly arrests our attention are the facts connected with the city of New York, collected under the author's immediate supervision, by the aid of the police force placed by the city authorities at his disposal. The plan adopted was not to confine the inquiry to the prostitutes who were sent to Blackwell's Island, but to take a census of the city "so far as regards prostitution, including the number of houses of prostitution, the number of prostitutes, the cause which led them to become such, their ages, habits, birth places, early history, education, religious instruction, occupation, etc." This census was taken under the direction of the chief of the police, and it became Dr. Sanger's duty to assist the officers in the execution of their task; hence he says, "I am thus enabled to speak with certainty as to the authenticity of the statistics given, which were mainly collected under my own observation."

The recapitulation of Dr. Sanger's work states that there are six thousand public prostitutes, the majority of whom are between the ages of fifteen and twenty-five, three-eighths of whom were born in the United States, the remaining five-eighths having come from abroad. Nearly one half of these are either laboring under the influence of that loathsome disease, syphilis, or have been treated for it. The larger proportion of these prostitutes are from the humbler walks in life, and are possessed of little education, slender morals, and are usually addicted to habits of intemperance. Their irregular mode of life, the constitutional effects of syphilitic disease, which is scarcely ever eradicated from the system, their unnatural excitement, and their addiction to the intoxicating cup, altogether operate in so summary a manner that it requires on an average but the short space of four years to precipitate the poor victim of these unhallowed practices into a pauper's grave.

It might readily be imagined that some strong and overweaning impulse, scarcely possible of resistance, usually operated with the sepoor creatures to induce them to enter into a career of infamy whose in-

evitable tendency is to terminate in an untimely death. The causes which lead them to a life of prostitution becomes in this connection an interesting inquiry. Of the two thousand persons who answered this inquiry, (and here we would remark that, although Dr. Sanger fixes the number of public prostitutes at six thousand, all his inquiries and investigations are limited to two thousand,) but one-fourth appear to have entered the life from inclination, and a larger part of these have been chiefly moved by a desire to obtain spirituous liquors. The remainder were for the most part influenced by a desire to lead an easy life, fondness for dress, drink, company of vicious persons, laziness, and absolute want. Scarcely one in a hundred of these deluded creatures is impelled by the same motives of desire which operate with the male partakers of their couch; they not only admit, but seek the embraces of their male companions for the pecuniary compensation bestowed upon them.

The motives which led to the adoption of this course of life, as exemplified by the New York courtezans, correspond very nearly with the results of the researches made by M. Parent-Duchatelet in Paris in 1832. Of the 5,183 who answered the inquiries of this eminent philanthropist,

There were impelled by want	1,441
Expulsion from home or desertion by parents	1,255
Desire to support parents, brother, or families	89
Girls from country	684
Servants seduced by masters	289
Concubines abandoned by lovers	1,425
	5,183

It will be observed in Duchatelet's list, that few confess the impelling motives of idleness, love of dress, and fondness for drink acknowledged by those of New York as strong inducements. The chief fact worthy of note, exhibited by the statistics in both cities, is the small number who have adopted this life in either city, without deliberation and an opportunity to escape from it if they choose so to do. This fact is especially gratifying to the philanthropist, because it demonstrates that the obstacles in the path of a reformation are not of the most serious nature, and leads to the belief that this great evil, although it can never be entirely obliterated so long as men have base passions, and females are willing to pander to them for the sake of gain, may, by proper municipal regulations, be largely curtailed and deprived of many of its most revolting features.

From the large experience of Dr. Sanger, as physician at Blackwell's Island, as well as the great facilities afforded him for observation by the municipal authorities, we were led to believe that his researches had been so thorough, his statistics so full, and that his suggestions would be so practical, as to presage the improvement in this abandoned class to which we have alluded; but a careful perusal of the work has greatly disappointed us, and we are irresistibly led to the conclusion that, in regard to the facts with which the author should be most familiar, he has not exhibited that care in their collection and arrangement due to the subject and his own reputation. Instead of the calm philosophical views which characterize the work he has taken for a model, he has covered whole pages with conversations which are puerile, if not positively objectionable, and should have no place in a statistical work.

It is no easy task to present such a subject to "ears polite," without offending their sense of delicacy, and requires on the part of the author a high moral purpose, a perfect familiarity with all the facts he adduces, an extended power of philanthropic induction, and an enthusiasm which insensibly imparts itself to the reader. Such a one was M. Parent-Duchatelet—such is not Dr. Sanger—else why should a work, intended to produce a great moral reform, contain passages that might well associate it with the yellow covered literature so carefully excluded from the houses of those who lay claim to respectability. As an example of these grave defects, we would refer to the chapter on houses of assignation, at page 566, in which we are informed that the most exclusive of these houses are "generally situated in the quietest and most respectable portions of the city. They are fitted up neatly, and even luxuriously, but without any extravagance or gaudy display," * * "The business of these houses is done mainly during the promenade hours of Broadway, say from eleven or twelve to four or five;" and the visitors are confined to the upper walks of life, "the men being of all sorts of business, and the women *exclusively from our fashionable society.*"

This whole description, occupying many pages, is drawn with a particularity which would lead to the belief that it had been witnessed by Dr. Sanger and his police associates, when in fact it is the veriest figment ever written by a penny-a-liner to catch the ear of the gaping or too credulous crowd of readers. The statistics of the causes which induced the majority of the wretched inmates of the brothels (which, notwithstanding all assertions to the contrary, are invariably in the most miserable quarters of the city,) to adopt this mode of life, as

explained by Dr. Sanger, should have satisfied him that among the upper classes of society everywhere, with here and there an exception, the women are strictly virtuous. Nature has placed such safeguards around them as to enable them to secure the bright jewel of untarnished reputation inviolate, unless disposed of with their own free consent, and usually from other motives than the insane impulse of a moment. We desire to be distinctly understood upon this point, because there is a class of men, depraved in principle and low in association, who attempt to make light of female virtue. So long as these imputations are confined to the circle which originated them they are unworthy of notice, but when they appear in a goodly volume, issued under the sanction of the "Board of Ten Governors," they assume an authority which demands a refutation.

Leçons sur le Traitment des Tumeurs Hêmorrhoides par la methode de l'ecrasement lineaire, par M. E. CHASSAIGNAC, &c., &c.

"*Treatment of Hæmorrhoids by the use of the Ecraseur.*"

This is a monograph on hæmorrhoidal tumors, containing the history of forty-seven cases, illustrative of a new mode of treatment, which is just beginning to be made known. Reviewing the various methods hitherto in use and commonly practiced by surgeons, M. Chassaignac claims the idea of "*making use of a metallic chain* for the removal of a hæmorrhoidal tumor *in a few minutes, and without the loss of blood.*"

The instruments used are the "ecraseur," either straight or curved, and "pincers" with diverging claws to bring the parts outside. The patient is placed on the right side, the tumors secured by the claws, and a ligature passed around their base so as to pedunculate them. This ligature may include one or more, and even the entire circle of the rectum. The chain being adjusted, the instrument is made to constrict the base to the utmost, and then is put into motion slowly, the time recommended being *one turn in fifteen seconds.* The operation is made to last from five to twenty minutes, according to the amount of substance to be divided.

Let us compare this with other modes of treatment. Many years ago surgeons resorted to the knife, and internal piles were *excised.* The ligature was regarded as an evil, bringing with it fears of phlebitis, inflammation of the cellular tissue of the pelvis, peritonitis and tetanus. Sir A. Cooper says: "For excision, in the early part of

my surgical career, I was a strong advocate; for I found it a less painful operation than ligature, and it appeared to me not dangerous; but, as my experience increased, I was induced to change my opinion and to consider excision as not divested of danger." He gives an account of two cases in which death resulted from the effect of the bleeding that supervened upon the operation.

Mr. Brodie states that he nearly lost two patients under the same circumstances. Mr. Cline was in favor of excision also. Petit and Boyer excised, but give minute cautions against hæmorrhage.

Mr. Syme, quoting Sir A. Cooper's cases, says: "If other practitioners had been equally candid, we should, doubtless, have had more testimony as to the danger of this operation; and every surgeon who has practised it must have experienced more or less alarm. Before my own views were settled as to the best means of treating the disease, I, on one occasion, cut away an internal hæmorrhoid which was partially protruded, and I found it necessary to employ manual pressure for several hours, to restrain the bleeding that followed. In another case I succeeded in securing the vessels by ligature."

Dr. Bush, in protesting against the operation, says: "I have performed the operation several times, and after it have had to tie up arteries, plug the rectum, and, in one instance, to apply the actual cautery. Indeed, I so nearly lost two patients that, when left to my own choice, I no longer have recourse to this operation."

Ligation, by the ordinary silk ligature, or by silver wire, is the operation most frequently resorted to. Now let us see what is said of this method. Boyer says, "there are grave inconveniences attending it; the application is difficult and very painful. It is not always successful, and then it may give rise to severe inflammation, extending to neighboring parts; to convulsions, and all the symptoms of strangulated hernia." Petit gives two cases in which ligation caused very violent symptoms; in one the ligature was removed, with cessation of the alarming symptoms; in the other, nausea, hiccough, vomiting and severe pain came on, and could not be relieved by any treatment; they continued equally severe after the ligature was cut, and the patient died on the twelfth day.

Curling, Salmon, Coulson, Syme, and the majority of surgeons in our country, make use of the ligature. The ligature generally separates from the fourth to the tenth day; during which the unfortunate patient suffers great agony, especially during the first forty-eight hours, and then we are obliged to resort to anodynes by the mouth and locally, and keep him in bed for ten or twelve days, even if every-

thing progresses favorably. But we may have the inflammation, involving bladder and vagina, or tissues about the pelvis, and abscesses, prolonging the case for weeks and even months.

At various times different escharotics have come in vogue; thus Amusat *fils* has invented an instrument to apply caustic potass to the base of the tumors; and Mr. Houston, of Dublin, and Mr. Lee recommend nitric acid. Mons. Thiery applied the perchloride of iron to their blistered surface. Tinct. iodine has been much used, and wires heated by the galvanic battery. All these means are excessively painful, hard to control, very uncertain, and difficult of application.

Now, what advantages have we in this novel operation of Mons. Chassaignac?

The operation is not *usually* followed by the loss of blood, though this *may* occur; but no unfortunate result has ever happened; the patient suffers little inconvenience after the operation, and is able to return to his business in from five to fifteen days. We have performed this operation several times, and in but one case was there more than half an ounce of blood lost. The convalescence has neither the tedious delay, the extreme pain and irritation, nor the dangers of ligation.

After the operation, and the patient has recovered from anæsthesia, many cases have so little uneasiness, that they are incredulous as to the fact of any operation having been performed. Sometimes there is more or less pain for an hour or two, resembling "labor pains," caused by the spasmodic action of the sphincter. "In some rare cases the painful contraction of the sphincters continues for half a day; but in most cases there is rather a soreness, which goes off in half an hour." In our cases, the patients have slept well the same night. Of the forty-seven cases operated upon by Mons. C., forty-four were *well* within thirty days, and three were so broken down by long continuance of their malady and hæmorrhages, as to require sixty days to recover a good condition of health and strength.

It is *positive* and *certain* in the result. M. Chassaignac kept most of his cases in review for over two years, and he found that, in those who had been troubled with constipation, the fæces were now regular and easy; only two had suffered from any subsequent hæmorrhage, one of whom led a very active life; and in those who were anæmic and broken down, strength and robust health were re-established.

Patients from nineteen to seventy years of age were subjected to the operation, and a female far advanced in gestation. Above one hundred cases have been operated upon in Paris, at the Hospital La

Ribossiére, and with only one unfortunate result; and in this case the chain broke in the midst of the operation. When we consider the frequency of this disease, the great pain and inconvenience attending it, its effects on the mental and physical health, we must congratulate the afflicted in having before them a safe, speedy and effectual cure.

J. M.

SELECTIONS.

Ulcers of the Legs, not of a Syphilitic Character; Exhibition of Iodide of Potassium; Cure without the Assistance of Rest.

Every method of treatment directed against diseases frequently observed in the laboring classes, and which does not compel them to interrupt their daily occupations, deserves favorable notice. Thus Baynton and Ph. Boyer rendered a great public service in discovering and propagating the the treatment of ulcers of the legs by the application of straps of adhesive plaster. This very year, we saw the late Ph. Boyer, but a few months before his death, apply this method which Roux imported from England in 1814. He began by cauterizing deeply the sore with lunar caustic, and then with straps of plaster about an inch in breadth, and six or eight inches longer than the circumference of the limb, he covered the ulcer with a series of imbricated rings, the uppermost of which reached about an inch above the sore, and the lowest strap as far below. A roller or an elastic stocking was afterwards applied to the leg and foot, and was preserved night and day. The apparatus was removed after forty-eight hours, and subsequently at irregular intervals whenever the patient complained of pain. Since the year 1832, when Ph. Boyer proposed to the *Conseil général des Hôpitaux* the adoption of this method, and also that individuals, bearing ulcers of the legs, should in future be treated only as out-door patients, the duration of the treatment has been on the average 26 days. In the wards of Professor Roux and Velpeau, where this method was adopted, and moreover the patients kept constantly in bed, 15 days was the mean average of the same treatment. It is, however, a fact proved by observation, that the cicatrix in the first instance is stronger, more supple, and resists better than the scar formed while the patient was confined to his bed. Boyer's treatment leaves therefore fewer chances of relapse, and further, the invalids are permitted to walk, a twofold advantage which cannot be too highly appreciated in the case of indigent persons.

However, if Baynton's method is in many instances productive of beneficial results, it occasionally fails even in cases which are under no specific influence: it is therefore useful that the surgeon should have at his disposal some other means possessed of the same advan-

tages, and according to two respectable practitioners of the City of Nantes, Drs. Tigé and Trastour, iodide of potassium supplies the required desideratum.

In a recently published paper, Mr. E. Trastour states that for the last ten years Dr. Tigé has been in the constant habit of exhibiting iodide of potassium for the treatment of ulcers of the legs, without once having failed in obtaining a cure. The author estimates at upwards of 20 the number of patients who have recovered in spite of the most adverse circumstances. The following is a specimen of the cases recorded in Mr. Trastour's publication:

A husbandman aged 55 was affected for ten years with an ulcer situated on the internal surface of the lower half of the left leg; the sore was broad, its fundus was of a purple hue, its depth 5 lines, the the secretion sanious and reddish; the skin around it was tumefied, and covered a vascular network of varicose veins which extended as far as the foot. On April 26th, Mr. Tigé prescribed from half to three-fourths of a drachm of iodide of potassium daily, fomentations with the decoction of walnut-tree leaves, and pressure with a linen roller. On May 8th the ulcer was almost healed, but the skin being still tight, red and shining from the foot to the middle of the leg, the treatment was persevered in, with the addition of linseed-meal poultices. On May 22d the wound was entirely cicatrized, and the patient, who during the whole time of the medication had not interrupted his agricultural labors, walked eight miles without the least pain, for the purpose of exhibiting his leg.

Mr. Trastour relates seven or eight equally satisfactory cases which occurred in his own practice. He further remarks, that the method towards which he calls the attention of the profession prevents in no wise the application of topical remedies, which alone in numerous cases are sufficient to insure success; but the facility, speed and solidity of the cure due to iodide of potassium, united with external applications, in cases in which the latter would have been inefficient, seem to him unquestionable.

The doses in which Messrs. Tigé and Trastour exhibit the drug are from ½ a dr. to one drachm daily; in severe cases, Mr. Trastour has given as much as 1½ dr., a quantity he has never exceeded. He prescribes it in water, a tablespoonful to every ¼ of a drachm before meals. When the medicine is prescribed in large quantities, 2 ounces for instance at a time, the apothecaries of Nantes have consented to sell it at the low price of two pence a drachm, to poor persons. On the average, the cost of the treatment is from one penny to three pence daily during a month or two, a very moderate expenditure, when it is further considered that the patient not being reduced to inaction, is enabled to earn his livelihood.—*Journal of Practical Medicine and Surgery.*

The Deaf and Dumb in France number, according to official statement, about 30,000; and of the blind the number is much greater. Only two-sixths of these at present receive education; but an attempt is now being made to impart to the whole of them the benefit of instruction.

Of the Treatment of Organic Strictures of the Urethra by Iodide of Potassium.

Dr. Thielmann, surgeon of one of the hospitals of St. Petersburgh, has utterly relinquished the last thirteen years the use of the mechanical means habitually employed for organic strictures of the urethra, which he treats exclusively by iodide of potassium. This medication has perfectly succeeded in 27 cases of stricture presenting a great diversity with respect to seat, extent, structure, etc. With the greater part of the patients a more or less copious gonorrhœal discharge was present at the same time. The oldest strictures were of two years' standing, the most recent of eight months. With a great number of subjects bougies Nos. 2, 3 and 4 could be introduced without much difficulty; with two individuals a bougie No. 1 could not penetrate in consequence of the tortuous direction of the passage. The stricture had already induced a dilatation of the membranous portion of the urethra situated behind the obstacle. The seat of the strictures treated by Dr. Thielmann was sometimes the spongy portion of the urethra in the vicinity of the bulbous portion: at other times, this latter portion itself. They occupied in three cases the membranous portion; in none the fossa navicularis. On exploration, when such was possible, the strictures generally presented themselves in an annular or semi-annular form. In some patients they seemed to be composed of irregular scars, of variable shape, which could be felt by the surgeon touching externally the course of the urethra. They had all, without exception, a callous consistency.

Mr. Thielmann exhibited to each of his patients three tablespoonfuls a day of the following solutum:

R—Potassii Iodidi..... 2 dr.
Aq. destill..... 5½ oz.

He prescribed a rigid milk diet, permitting amylaceous food. When any iodic symptom manifested itself, he diminished the dose until the patient could bear a stronger one. Iodide of potassium regularly produced the effect of determining a gonorrhœal discharge, if it did not previously exist, or of increasing it, if it was already present. As the discharge took place, a softening, a melting, as it were, was effected in the inodular tissue, which constituted the stricture, and the stream of urine returned by degrees to its normal dimensions. The duration of the treatment varied from a fortnight to two months, according to the degree of the coarctation. It was sometimes requisite momentarily to suspend the use of the iodide of potassium, in order to avoid the accidents that might be superinduced by its protracted use. When the inodular tissue of the strictures was felt externally, Mr. Thielmann ordered, in addition to the external use of iodide of potassium, frictions along the part of the penis corresponding to the urethra with an ointment composed of

R—Potassæ iodid..... 1 dr.
Adipis..... 1 oz.

The gonorrhœal discharge for the most part ceased spontaneously. When it was persistent it was treated by the ordinary means.—*Med. Zeitung Russlands—Journ. Pract. Med. and Surg.*

Medical Journals and their Uses.

A distinguished explorer relates the story of a Greenlander, who was filled with pity and commiseration for the "poor Europeans," who were forced to drag out their existence without ever knowing the luxury of fish oil and blubber, as a prime article of food. "How do you live," says he, "without the fat of seals, and a measure or two of oil every day?" Surrounded, as we are, by periodical medical literature, breathing the stimulating atmosphere of medical progress, living in the midst of our fifty or sixty highly prized exchanges, domestic and foreign, greeting their coming, devouring their contents, and imbibing both improvement and pleasurable excitement from their well-filled pages, we, too, rejoice in a feast which many would dislike, and feel inclined to pity any member of our profession who does not know the pleasure and advantage of even a single medical journal. Dull and stationary must his life be, and feeble the impulses of that physician, who, in the present age, can content himself to live in profound ignorance of the progress and improvement, everywhere making rapid strides, in his profession. That which was, yesterday, the crowning foam on the very front wave of scientific advancement, is often, to-day, found far behind in the career of improvement—so rapidly do other and stronger waves rush on, to overwhelm or surpass it. There is but little that is stationary in the present epoch, and still less in the science of medicine. "Progress" and "change" seem stamped on every page of medical literature, and the books themselves appear to us but the shifting scenes of an ever-changing, ever-deepening drama.

Let us take any one department of medical knowledge; let us buy the best, or perhaps all the books written upon it; devote months, or even years, to its study in these books, and ere we have waded through the heavy volume a new edition informs us—and most truly—that the advancement of the age demands a complete revision or reconstruction of this entire branch of knowledge. We are bewildered, we are discouraged; we almost sacrilegiously wish we could clog the wheels of a progress, which thus mocks and disheartens, which depreciates the value of our hard-earned knowledge, and writes "passing away" upon all our attainments, even when they have scarcely come fully into our possession.

Do we ask, where our author obtains all the additional matter for his new edition—from other books? This cannot be: none others have been published. Has he made farther investigations? No! he has not had time, by his own single-handed efforts, thus to double the size of his records. Who, then, has done the work in so short a time, and through what channel has it come to him? A little reflection will soon satisfy us on both these points: the whole world may have been stimulated, at once, to engage in and complete the work, and the entire results of their united labors have found a place of record, and a medium of publication, in the *medical journals of the day.*

Books, then, can only give the *results* of scientific investigation, for they are of slow and laborious preparation, and tardy in coming into our hands; but the journals supply us immediately and constantly,

and faithfully, with the *processes* by which these results have been accomplished. They are the archives in which all the treasures of medical lore are first laid up, and they are the storehouses whence this knowledge is transferred, to make up the more complete and systematic science recorded in books. Without medical journals, then, we can gain medical knowledge, only when it has become comparatively stale—its freshness has, in most cases, been there exhaled. Medical journals are to medical books what newspapers are to works of human history, and to works of political economy—they each have their own necessary use and function in supplying the sum total of our knowledge. As the politician, or the man of business, who neglects the record of passing events, found in the current history supplied by daily journals, would necessarily fail to battle successfully in the arena of life—so the practitioner of medicine, who neglects the information and instructive precepts of the medical journals, soon finds himself far in the rear in many important departments, however diligently he may read, even the latest works.

Of the value of medical journals we are, at present, unwilling to say more; our wonder is, not that so many are supported, but that each member of the profession does not subscribe for and read, not only one, but at least two, viz., 1st, one monthly journal, to supply him with information for the daily exigencies and necessities of practice; and 2ndly, one quarterly or bi-monthly review, to furnish information of a more general character, to direct his reading, and to save the necessity of much laborious book-reading, by the comprehensive synopses of medical works which they present. Books now exist in such profusion, that the task is, not so much to find something to read, but rather to know what works we can safely exclude. The Reviews supply this important information, and well deserve the attention of every one who would advantageously engage in the pursuit of medical knowledge.—*Southern Med. and Surg. Journ.*

An Iron Rod pushed through the Abdomen. Recovery.

BUFFALO, NOVEMBER 29, 1858

DEAR DOCTOR:

The following account of a penetrating wound of the belly, and recovery, was given me by Mr. A. Knapp, a medical student, and I have sent it to you for publication, as being well worthy of a record.

Yours truly, FRANK H. HAMILTON.

In February, 1845, a young man, aged about twenty-five, saddle and harness maker by trade, being at work on the first floor, got upon the shop table for the purpose of conversing (through a trap door) with a shoemaker in the room directly overhead; the latter, through sport, motioned to throw a last at the saddler's head, who, in order to avoid the supposed blow, had to flex his body very considerably, as his head and shoulders were above the second floor; by so doing

he lost his balance, and came down from the table in a vertical position, encountering the iron rod used for filling collars, which was four and a half feet in length, three-eighths of an inch at the point, slightly flattened and lunated, and some five-eighths at the base, and exceedingly rough without, being newly made by the common smith; the rod passed into the abdomen four inches below the umbilicus, one inch from the linea alba, on the right side, and came out upon the back, on the same side, about opposite the last dorsal vertebra, two inches from the mesian line; he instantly called the shoemaker, but pulled out the rod himself before the other got down stairs, walked across the street to his boarding-house, and a surgeon was instantly called, who examined the wounds, and found two drops of blood upon the lining of the waist-band of his pants, which was also pierced. The surgeon immediately closed the wounds with adhesive plaster, directed a low diet, with an occasional enema.

I saw him on the eighth day from the accident. He was sitting up in bed, playing on the violin, in which manner he had been amusing himself for several days. He had suffered no pain, except a slight stinging sensation when he drew out the rod; and he feels no inconvenience, except from hunger and consequent weakness. Subsequently I saw him at work at his trade, as usual.

This occurred at the Lackawanna Iron Works, in the practice of Dr. Throop, Providence, Luzerne County, Pa.—*Buffalo Med. Journ.*

Death quickly Produced by the Inhalation of Two Drachms of Chloroform, in the First Stage of Natural Labor, in Scotland. By Robert Lee, M.D., F.R.S., Obstetric Physician to St. George's Hospital.

During the night of the 10th ult., while attending a lady in labor, a relative of whom was a warm advocate for the use of chloroform, the husband informed me that a fatal case had just occurred in Ayrshire, close to the residence of his brother, and that Mrs. B. had been attended by Dr. Campbell, of Largs. I immediately wrote to Dr. Campbell, and received from him the following most satisfactory and polite answer. A few weeks only have elapsed since it was publicly denied that any case of death from chloroform, during labor, had ever occurred in Scotland:

"Largs, Ayrshire, *Oct.* 27, 1858.

"Dear Sir—I had the pleasure of receiving your note of the 23d inst. yesterday morning. I had been in the habit of attending Mrs. —— since January, 1850. She lived at Wemyss Bay, a distance of upwards of six miles from Largs. Mrs. —— was then pregnant for the first time. During the whole of February she had repeated attacks of hæmorrhage from placenta prævia. On the 2d of March labor came on, accompanied with hæmorrhage, and as soon as the os was sufficiently dilated I put her under chloroform, and delivered her

by turning. This was most successfully performed so far as the patient was concerned, but the baby was still-born. Since that period she has been six times pregnant, and she had chloroform at each of her confinements; at least I am told so, for at two of these labors I did not arrive in time to witness delivery.

"It is not my practice to give chloroform in natural, easy labors. I think it justifiable only in cases of unusual suffering, or where painful manual assistance is necessary: but Mrs. —— having experienced the comfort of exemption from pain, and no unpleasant result from the use of it, insisted on having chloroform, and her husband would give it. When I was present I took care that it was sparingly and cautiously given, and, as it happened, always with a satisfactory result.

"On the occasion of her last and fatal labor I understood I was to be called as usual; but, for some reason not very satifactorily explained, I was not sent for. I had made a friendly call for her on the 15th September, and found her pretty well, and in good spirits. Her time was then up; and her nurse, who is a midwife of considerable experience, had been with her from the 4th. On the morning of the20th I had occasion to go to Wemyss Bay to visit a patient, and I landed at the pier at ten minutes past eight A. M. I was met by a servant of Mrs. ——, who told me that she was alarmingly ill, and begged me to go to her without delay. I went directly, *and you may guess my horror when I found her stretched lifeless on the bed!* She had been dead about ten minutes: I spent about half an hour in fruitless attempts at reanimation. I was told that she had begun to complain at two o'clock, and had been moving about, and very cheerful, all the morning. About twenty minutes to eight expulsive pains came on, when she called for chloroform; on giving it, probably for the fourth time, *she threw herself violently back, gave a gasp or two; a slight gurgle was heard in her throat, and respiration and the pulse instantly ceased.*

"The head was resting on the perineum. If I had had forceps at hand I might have brought away the child easily; but, as a matter of course, the cry was, 'can nothing be done to save the mother?' and after these attempts it was useless to effect delivery. The quantity of chloroform given in all probability did not exceed two drachms. The bottle from which it was taken could not have held more than an additional half ounce, and it was not full when Mr. —— began to administer it.

"I applied for a post-mortem examination, but it was declined.

"Mrs. B. was a tall, thin person, who always during the married life was in delicate health. I was not acquainted with her before her marriage. She suffered from indigestion, and was unable to take any considerable amount of exercise; nor could she nurse any of her children. In July last she had a feverish attack, and a decided threatening of premature labor, accompanied with some sanguineous discharge, and from that time her pulse was always unnaturally full and frequent.

"If I do not ask too great a favor, it would oblige me if you would favor me with any remarks or suggestions which occur to you relative

to this distressing case, and also your opinion on the propriety of using chloroform in the practice of midwifery.

I am, &c. JOHN CAMPBELL.

"P. S.—The chloroform was given on a common muslin handkerchief.—J. C."—*Med. Times and Gazette.*

Death quickly Produced without the Inhalation of Chloroform, in the First Stage of Natural Labor. By JAMES H. AVELING, M.D., M.R.C.S.L., Honorary Member of the Obstetric Societies of Dublin and Edinburgh.

Having heard that an old patient of mine had died suddenly during labor, at Charleton Brook, in the parish of Ecclesfield, where I was in practice three years ago, I this morning drove over and learned the following particulars:

"My name is Mary K——: I was in the room at the death of Mrs. Ann G——. She sent for me about five o'clock in the evening, and told me she had felt 'crotchety' all day. She was at her full time. I thought the pains sufficiently bad to advise her to send for her doctor. The surgeon came, and said it would not be over yet, and went away to see another patient. He returned between six and seven, and said she was still lingering. The pains seemed very severe, and Mrs. G. was very restless; sometimes she was on the bed, then on the chair, and then on her knees on the floor. She complained now and then of difficulty of breathing, and made a noise like 'croup.' She also felt faint, and had some gruel and brandy. About two o'clock in the morning the surgeon and husband were suddenly summoned up stairs, and the latter had only time to put his arm round Mrs. G., who was upon the floor, to support her, when 'she shot out her legs,' and fell back gasping, and died instantly."

Had I been still living in Ecclesfield, I should have had this patient to attend; and as I am a great advocate for the administration of chloroform in labor, I should in all probability have given it in this case. Had I done so, and death had still occurred, chloroform would have been set down as the cause, and Dr. Lee would have had the opportunity of recording the history of a case in which death was quickly produced by the inhalation of chloroform, etc., in England. Neither in this, nor in the case which took place in Scotland, was any examination of the body made; and how, without this, it was found possible in the latter case to attribute with certainty the cause of death to chloroform, seems rather obscure.

It is not, however, for me here to enter upon what are, or may have been, the causes of sudden death in labor. My only wish is to place the case of Mrs. G. on record just now, because of its similarity to the one communicated by Dr. Lee, and also to allay in the minds of those practitioners, who have taken fright at Dr. Lee's case, any fear they may have in giving chloroform for the future in labor.

I am so convinced, from considerable experience, that women who have taken chloroform during parturition recover so very much better and faster than those who have not, that I should be very sorry to see its administration diminished in frequency, and its beneficial effects unnecessarily curtailed, by a case in which the cause of death has been without due examination attributed to chloroform.

I should have been glad to have given a more professional account of the case of Mrs. G.; but the surgeon who attended her is just now on the Continent, and I have no opportunity of getting information from him.—*Med. Times and Gazette.*

Second Impregnation at the Fourth Month of Utero-Gestation.

Sir—Mrs. S., aged 22, a stout, healthy-looking young woman, commenced labor of her first child on the evening of November 7, the pains continuing at irregular intervals till the 11th, in the afternoon of which day I was called in, and found the pains, though short and ineffectual, occurring at regular intervals of five minutes. Upon inquiry, I ascertained that she had been married two years, and that eighteen months ago she had an abortion at the tenth week, from the effects of which she quickly recovered, regaining her strength in a surprising manner till the commencement of her present conception, since which time she has been in a moderately healthy condition. About four or five months ago she was, according to her own statement, seized with the impression that she was conceiving twins, and had subsequently at various times made mention of the same to her relatives. Finding, on examination, a rigid os uteri, I left her, informing the nurse to send for me when the pains became stronger. At 11 o'clock the same evening I was again summoned to my patient, and, to my utter astonishment, found presenting umbilically, what I supposed to be a premature fœtus, which, by a few further efforts of the uterus, was expelled with a gush of liq. amnii. This I concealed under the bed-clothes, informing my patient and the bystanders that it was merely the passage of a few clots of blood. I now laid my hand on the abdomen, and found the cavity of the uterus still occupied; and examining *per vaginam* I discovered the head of a fœtus pushing before it a tense bag of liq. amnii. The pains gradually increased in strength and efficacy till 2 A. M, when the natural delivery of a mature, full-grown fœtus took place, and shortly after the placenta was expelled. I then directed the all-inquisitive nurse to go down stairs and make the mother a cup of tea, and during her absence I ascertained that the mass first expelled was a fœtus of from four to five months, in a high state of preservation, attached by its cord to a separate placenta, which was intimately blended with that of the mature fœtus; still there was a distinct line of demarcation between the two.

Now the question of superfœtation is one of the unsettled points in the Profession, and for that reason I have thought it advisable to

bring forward the facts of the above case, testifying that superfœtation may occur even at the fourth month of utero-gestation. Can it possibly be argued, in contradiction to this view, by the supporters of the theory of non-superfœtation, that this fœtus presenting no abnormal peculiarities was arrested in its development at the fourth or fifth month, and yet lived the full period of pregnancy?

I am, &c.,

Galgate, by Lancaster. JAMES PEARSON IRVINE,

Surgeon to the Union of Lancaster.

On Injections in Gonorrhœa. By PROFESSOR SIGMUND.

Professor Sigmund, of Vienna, as the result of his extensive observation in this class of diseases, is decidedly in favor of the employment of injections in the treatment of gonorrhœa. He believes those who have derived no benefit from their use, or who have observed mischievous consequences from them, have, in the great majority of cases, employed them improperly. He has tried injections with balsam of copaiba, and with chloroform, but has given them up as unpractical, and those made with the patient's own urine, while taking balsam of copaiba, were found to be as inert as water. From among a large number of substances tried, he confines himself now almost to sulphate of zinc, acetate of zinc or lead, alum, and tannin; and of these he prefers the sulphate of zinc to all others, because the great majority of patients are cured by it; it acts mildly, neither soiling the linen, nor changing the color of the urine, and it is very cheap.

For injections to succeed they must be used at the proper time, in a suitable dose and manner, and they must be continued sufficiently long. The period for their employment has arrived as soon as the inflammation of the mucous membrane of the urethra has become subdued; but they should not be used as long as there is present considerable swelling, great, or even slight, if continuous, pain, spasms, or frequent calls to pass urine. The dose of the material should be small, as five grains to the ounce of extract of lead, one quarter of a grain of nitrate of silver, one grain of sulphate or acetate of zinc, etc. It is seldom necessary to increase the original dose. The addition of anodynes, as opium, hyoscyamus, etc., has no advantageous effect. We should carefully teach the patient how to use the injection; and a small tin syringe, with a conical tube, is to be preferred. It should hold at least two drachms. The patient should be placed in the upright position, and should pass urine prior to the injection being thrown in. The tube must be so passed into the urethra, that no fluid can flow out between the canal and the tube. The fluid is now to be slowly thrown in, and then the mouth of the urethra is to be kept closed by two fingers, so that nothing can pass out during two or three minutes. Two injections are to be thrown in one after the other, and

they are to be repeated three or four times daily. The injections should not be thrown in just before going to sleep, as they then sometimes give rise to seminal discharges. They must be persevered in for eight or ten days after all traces of diseased secretion have ceased to be visible, even in the morning. The average time required will be from twenty-one to twenty-eight days. Internal means may also if desired be employed, and balsamic medicines in many cases hasten the cure.

Dr. Sigmund rarely has recourse to caustic injections, as the nitrate of silver, sulphate of copper, chloride of zinc, etc., because generally the experiment is dangerous He limits their use to simple, uncomplicated gleet, which has resisted the usual means, as also to recent gonorrhœa without inflammation occurring in persons who have already employed the treatment with advantage.—*Schmidt's Jahrb*, band xcviii. p. 49.

Dysentery in the Paris Hospitals.

In the autumn of last year dysentery arose as an epidemic in one of the wards of the Lariboisière Hospital, in Paris. It lasted four months. It was brought from without the hospital, and was perpetuated by contagion. It attacked 19 patients, and most generally those who occupied beds in which dysenteric patients had previously lain. Of these 19 nine died; some from intercurrent accidents, hæmorrhage, peritonitis, and the rest from the progress of the disease.

Those who recovered had a long and difficult convalescence, which was continually interrupted by diarrhœa, colic, and tenesmus. Most remedies used were of little service; and none were of any service in the advanced periods of the disease. In no case did ipecacuanha appear of use, nor opiates. Injections of nitrate of silver (0·10 in 100 of water) were followed by some good effects. Astringents were useless, and gave much pain as injections. In the last case which occurred, injections with perchloride of iron were used with markedly good effects.

Lord Monboddo's Men.—We have already made acquaintance with the Yem-Yem, or tailed men. A new brochure has appeared on the subject by M. le Baron Aucapitaine. Unfortunately it contains nothing new, and the question remains just where it was, viz., that among a certain number of negroes, perhaps among whole families, an abnormal development of the coccyx, or some supplementary coccygeal pieces, are to be found, but that nothing in their case justifies us in considering them as a peculiar race of men.—*Gaz. Hebd.*

Cancer and the Microscope.—"It was once thought, and I for a moment thought so myself," M. Velpeau tells us, "that the intimate nature of cancer would be revealed by the microscope. Now-a-days we must admit that such hopes were illusory. By the aid of this precious instrument we have been able to ascertain the presence, in

pathological products, of elements and principles, of whose existence we had previously no idea; and to fix their molecular composition with much greater precision; but the malignity of cancer still remains as profound a mystery, as impenetrable in its cause, in its maternal essence, as heretofore."

EDITORIAL AND MISCELLANEOUS.

— The courses of Lectures at the London Hospitals for the winter session of 1858–9, were opened with introductories varying as to subject and mode of treatment. Introductories are of the same character all over the world. As a general thing, the Professor feels it a bore to prepare them, and the student patiently listens to them in the same spirit. Occasionally, however, an honest, independent thinker is found, who avails himself of the opportunity offered in an introductory, to present striking views of matters of general interest to the profession, or specially valuable to the student. The occasion is suited for the communication of truths in the most impressive way, and he employs it for the purpose. We have been struck with some extracts from an introductory by Mr. Turner, at Guy's Hospital, on the subject of the success of the Quack and the Physician, which we transfer to our pages from those of the *Medical Times*. They will serve as our welcome to the band of young practitioners who are about to be introduced into the ranks of our profession.

"The well-informed and competent practitioner will sometimes have the mortification of seeing the place which he is himself entitled to occupy, filled by a plausible charlatan. The only answer that I can make to this complaint, if it should occur to any one of you—and almost every one has his seasons of discouragement and despondency—is, to remind you that chance has, in reality, no existence; that ignorance and prejudice, impudence and fraud, intrigue and slander, have just that amount of success, and that only which is permitted by the all-wise and all-good Disposer of the Universe; that no one can really injure a man but himself; that, according to the general course of Providence, industry and honorable conduct are attended sooner or later with worldly success; and that if this success is delayed, or if it does not come at all, it is because the postponement or denial of these advantages is better for the individual than their immediate bestowal.

* * * A noble-minded physician is one who, in all that he does, feels himself to be the student of God's works, the adorer of His wisdom, the steward and minister of His benevolence. In dealing with your patients, indeed, you will have to regret at one time the imperfection of your knowledge; at another, the limits of your ability. But the physician under whose care you yourself are, is at once a being of boundless intelligence, and absolute power. * * * Only give yourself up with perfect trust and cheerful obedience to the directions of the truthful and wise Physician, and He will gradually purge you from every distemper, heal every sore, and eventually raise you to the full health and perfection of your being. Only follow Him, and He will guide you safely through life; and when that which is so inappropriately termed "the closing scene" arrives, His smile of love will cast a gleam over the dark passage which separates the dim twilight of earthly existence from the full sunshine of everlasting day."

These are noble thoughts of a Christian spirit, and they harmonize so well with the closing portion of Dr. Frederick Bird's inaugural at Westminster Hospital, that we cannot forego the pleasure of adding them also. "Remember always the words of our great Sydenham, that you must one day give an account to the Supreme Judge of the lives committed to your care, and that whatever skill or knowledge, under Divine blessing, you may acquire, must primarily be given to advance the glory of God and the welfare of mankind; and thus, despite your cares, anxieties and disappointments, your thoughts, like the waters of the sea, when exhaled toward heaven, will lose their bitterness, and sweeten into an amiable humanity until they descend in graceful showers of love and kindness upon our fellow-men."

Too often the professional man is disposed to despond because the quack, at his side, is attracting to his door crowds of the learned and wealthy, while he finds it difficult to meet the ordinary wants of life. Too often those whose education should have taught them that skill is never indicated by impudent assertion, but by thorough knowledge, seek the quack's aid and contribute to that notoriety on which his success in the world depends. Lawyers and clergymen may be found ignorantly aiding and abetting quackery—passing by unnoticed, him whom they would honor as an educated man, and employing the quack whose very want of education may, indeed, provoke sneers and satire from them. This is all discouraging at first sight, but is it peculiar to our profession? In the mere moneyed pursuits of life, does not the bold and daring operator often succeed in obtaining great wealth, while the honest, conscientious business man seems to fail?

The error lies here, in the consideration of great wealth as the only achievement worthy a man's labor. If this be so, then must the glory of a good name be entirely stripped of its lustre, for the friend of the "bears and bulls" of Wall Street can obtain it without being at all anxious about the reputation which may accompany its possession. There is something more than wealth required in any man's case before we can admit that his life has been successful. Ample means are not to be despised—are to be sought after, but not as the *summum bonum*. Life has higher claims, which we must respect, and which are of paramount importance.

The young physician, and the old member of the profession also, who has honestly struggled for years in its ranks, may not estimate their lives as misspent because they have not acquired the wealth and notoriety of the quack. To do their duty—leaving the sequel to a higher power—is the main object of their ambition. This will gather around them more precious indications of success than wealth could furnish. The confidence of families, the love of their fellow-men, and, above all, the inward assurance, that duty has been honestly discharged—are these small things? It behooves us to labor diligently in the legitimate work which the prosecution of the medical profession sets before us. Let no one be disheartened because the impostor seems to succeed; and, above all things, let him make no effort to oppose him—such efforts always contribute to the latter's success. Even in France, where the government aids the profession in exposing the quack, Homœopathy is succeeding, simply because the Homœoquack draws from the very nature of the opposition, arguments which challenge the sympathy of the public. *The Union Médicale* thinks that if the profession should all turn Homœopaths, the public would quickly come to its senses. Opposition of an open character will only advance quackery; but opposition, such as that which arises from a great and dignified setting forth of the real merits of the scientific physician, will eventuate in its destruction, and the success of the medical profession.

L. H. S.

—The excitement attending the two previous meetings of the Academy of Medicine, while the Whitney case was being discussed, having subsided, the benches of the Academy, at its last sitting in February, were in a great measure unoccupied. The feature of the evening was the reading of a paper by Dr. J. P. Batchelder on *Compressed Sponge*. The paper was a lengthy one, and only a part of it was read.

The use of compressed sponge was traced by the author back

to the time of Celsus, who recommended it as an application for staunching the flow of blood. Bloomfield, in his work on Surgery, published in 1763, recommends it for the same purpose.

Dr. Batchelder exhibited to the Academy several specimens of sponge prepared by him for the various operations in which it is of use, and explained the method of their preparation. The sponge selected for this purpose should be of the best quality of fine live sponge, perfectly cleansed and freed from all extraneous bodies, as pieces of stone, shells, &c. The forms usually adopted by surgeons were then described. 1. That of the tent. He ignored entirely the old way of preparing sponge-tents, and taught that they should be carefully manufactured by winding them with a thread or fine cord when saturated by either water or a solution of gum arabic, according to the particular use which was to be made of them; that they should, when designed for certain purposes, be transfixed by a strong thread passed from base to apex and back, for the purpose of enabling the practitioner or patient to withdraw them at pleasure.

2. In the flattened form. For the preparation of this form he uses the common letter copying press; but two pieces of board between which the sponge can be placed, and a sufficient weight of any kind, will answer the same purpose. The pieces of sponge should be made quite dry, for without this precaution they would not be perfectly compressed. This form of compressed sponge was adapted to the removal of morbid growths upon the principle of pressure, which pressure, by the manner he used the article, was analogous to that produced by tumors, aneurism for example, by which the densest structures of the body, as bones and cartilages, were not unfrequently removed.

He remarked that this agent, pressure, had often been resorted to by surgeons, for the purpose of exterminating abnormal growths and malignant tumors, but with only partial success, for the want of an appropriate medium, which he thought was supplied by the compressed sponge. His first experiments with compressed sponge for the removal of morbid enlargements, commenced with treatment of mammary abscess and enlargements of the mammary glands, such as often followed chronic abscesses of those parts.

He reverted to the use of sponge tents for the dilatation of sinuses, especially when connected with diseased bones, for dilating the female urethra, cervix uteri, strictures of the urethra and rectum, for enlarging the meatus auditorius externus, and for the cure of fistula in ano.

He next spoke of the successful treatment of caries and other

affections of the bones, several cases of which, as enlargement of the bones, nodes, &c., were related by way of illustration and in proof.

The treatment of scirrhous and other malignant tumors by means of compressed sponge was discussed at some length. Cases were related in which the result had been most successful, and the doctrine upon which its agency depended was explained, and its mode of application pointed out.

The remainder of this paper was deferred to the next sitting of the Academy.

— The fifty-second annual meeting of the New York State Medical Society convened in Albany Febuary 1. The attendance was quite large, one hundred and six delegates being present, representing thirty-seven counties. The Society was presided over by the President, Dr. Thomas C. Brinsmade, of Troy, who delivered the annual address Wednesday evening, February 2, in the Assembly Chamber of the Capitol. The subject of his address was "The Advantages arising from Medical Association."

Several important papers were presented and read during the three days that the Society continued in session. As they will appear in the published transactions of the Society, we here give the titles only of these papers, with the authors' names.

"The Commandment of Knowledge in relation to Medical Doctrines and Methods," by Dr. Thomas McCall, of Utica. "The Treatment of Ulcers," by Dr. E. H. Parker, of Dutchess Co. "Partial Dislocations, Consecutive and Muscular Affections of the Shoulder Joint," by Dr. Alfred Mercer, presented as read before the Onondaga Co. Medical Society. "The Treatment of Fractures of the Femur," by Dr. John Swinburne, of Albany. "On Congenital Fissure of the Soft Palate," by Dr. Seth Shove, of Westchester Co. On "Displacement of the Heart," by Prof. Alden March, of Albany. On "Cerebro-Spinal Meningitis," by Dr. Saunders, of Madison Co. "A Dissertation upon the Influence of Vegetation upon Animal Life and Health," communicated by the Herkimer County Medical Society. A paper on "Pneumonia, Bilious and Typhoid," by Dr. John D. Watkins, presented as read before the Sullivan County Medical Society. A paper on "Shortening in Fractures of the Neck of the Femur," by Dr. F. H. Hamilton, of Buffalo. An Address on the "Registration of Diseases," by Dr. W. C. Rogers, of Green Island. A paper on "Diphtherite, or the Sore-Throat Disease, so prevalent in Albany," by Dr. S. D. Willard, of Albany. "A Report on Inversion of the Uterus," by Dr. J. V. P. Quackenbush, of Albany. A paper on "Facial Paraly-

sis," by Dr. Bacon; one on "The Hypophosphites," by Dr. Howard Townsend, of Albany; one on "Hydrops Sacci Lachrymalis," by Dr. John Ball, of Brooklyn; on the "Diseases of Saratoga Co," by Dr. James Lee, of Saratoga Co.; on "Rupture of the Cul-de-Sac of the Colon," by Dr. Horace Willard, of Albany Co.; "Statistics of 753 Obstetrical Cases," by Dr. N. C. Husted, of New York; a paper on "The Death-Rate in the State of New York, according to the last Census," by Dr. Stephen Smith, of New York; a paper on the "Vital Statistics of the City of Brooklyn."

Besides these, several biographical sketches of deceased members of the Society were read. Dr. Barker, of New York, made an oral report on Obstetrics, and Dr. Wynne made an oral statement on the subject of "Mortality in the United States, and the Mortality on account of Intemperance."

The officers for the next year elected were as follows:

President—Dr. B. Fordyce Barker, of New York City.

Vice President—Dr. Daniel T. Jones, Onondaga.

Secretary—Dr. S. D. Willard, Albany.

Treasurer—Dr. J. V. P. Quackenbush, Albany.

—The following remarks, on the *Contrast between Modern and Ancient Medicine*, have been handed us by DR. A. K. GARDNER, of this city, which we cheerfully find a place for in this part of our journal, as they accord so well with our own views upon the great advance which chemistry and pharmacy have made—the one in resolving the active principles of plants, and the other in presenting them to us for use in the most agreeable form.

By means of the concentrated medicines, the alkaloids, the resinoids, the fluid extracts, &c., we are approaching a most important desideratum in the art of prescribing, which permits us to administer in small doses, with a more certain effect, the bulky and offensive drugs of the last century. Dr. Gardner writes as follows:

"When noting the progress of medicine, we cannot fail to contrast its present with its past condition in its medicaments. In no part of its domain has greater progress been made than in this. Chemistry has brought its certainties to this branch, and we no longer ignorantly give and take strange and repulsive doses. When Hippocrates gave the dung of birds, the urine of animals, the barks of strange trees, and the leaves and roots of herbs, slimy seaweed and burnt bones, he did so without knowing what he gave nor why he did it. Modern science extracts the resins and alkaloids from vegetable matters, calls them morphia or quinine, or podyphilline, so that in-

stead of giving a quart of nauseous tea, we can now give all the virtues in a minute pill. From the slimy seaweed, the ashes of which in repulsive quantities once were prescribed for scrofula, chemistry has extracted the iodine, and a pill contains the essence of a pound of ashes. Again, the excrements of birds, so common in prescriptions of ancient physicians, derived their benefit from the phosphates they contained. Modern doctors do not disgust their patients by these repulsive names, but they give phosphates and hyper-phosphates extracted from guano, the deposits of sea-birds, brought from Jarvis' Island, which contains 80 per cent. Instead of the bones of animals, birds or reptiles, their constituents, phosphates, lime, &c., are given in known quantities, and no cabalistic virtues are imagined to depend upon the killing of the animal at any particular quarter of the moon. The disgusting draught of urine, (which, as a domestic remedy in combination with molasses, has been perpetuated even to the present generation, showing that the credulity of the enlightened 19th century is identical with that of the Ptolemy's and Cæsars,) no longer retains a place in the materia medica. Within a half decade, however, the principal constituent, urea, is extracted chemically, and given by the most enlightened of the medical sages of Europe, as a remedy for dropsy, &c. Inspissated bile from bullocks is given for affections of the liver. The concentrated gastric juice of sheep pepsine has been proved by personal experience to possess most efficient qualities as an anti-dyspeptic, bringing strength to the debilitated stomach, and adding that value to life which the real dyspeptic thinks has forever faded away.

"Thus far, we are enabled to give satisfactory reasons based upon scientific grounds for this treatment. But when we look still farther to peculiar medicaments recommended by the homœopathic fraternity, we can find less convincing reasons, although acknowledging it to be the legitimate carrying out of their great doctrine, *similia similibus curantur*. Any theory, however, we are willing to confess, would not succeed in getting down our throats doses, however attenuated, of scabs of small-pox as a cure of variola, or venereal virus as a remedy for syphilis.

"For a long time some means have beeen sought to make medicines more palatable. We have shown that no long draughts of bitter infusions are necessarily taken, but that we can now find their principles either in concentrated extracts, or better still, deprived of their inert materials in alkaloids. Not unfrequently, however, these chemicals have only succeeded in diminishing the bulk, while the acid taste still

remains, either the same, or sometimes more repulsive than at first. Some persons, too, find it disagreeable or impossible to swallow a pill; after rolling it around the mouth the taste is offended by the dissolved mass. Here, too, art has stepped in, and over each pill places a coating of gelatine or sugar, which, while it entirely prevents all smell or taste of the drug being perceived, even after a prolonged stay in the mouth, at the same time protects it from air and moisture, so that it remains uninjured for an unlimited period. The ordinary officinal pills in use are now first introduced into this country, being made and sugar-coated at the immense establishment of Garnier, Lamoureux & Co., in Paris, where labor and capital are cheap enough to be advantageously employed in their manufacture.

"But there are some medicines of great importance, and unfortunately of great bulk and unmistakably bad taste, which have as yet resisted all attempts to eliminate their curative qualities. Cod-liver oil, which is prescribed in very considerable quantities, and three or four times a day for many months, or even years, soon becomes so repulsive to many that they are forced to renounce its use, although quite certain that a speedy death threatens as a result of such discontinuance. All attempts to disguise the smell and taste by aromatics have failed, till lately M. Queru, a French chemist, of New York, has discovered a method of jellifying it by the addition of gelatine, so that now the prescribed quantity may not only be taken without disgust, but even, by the addition of flavors, made to be a matter of actual pleasure. We hope for similar successes in jellifying castor oil and other nauseous medicaments.

"We have thus alluded to the progress of medicine in but one direction, and even in that we have neglected the great field for a bye-path. Of the discoveries in the virtues of long known plants, minerals, and chemicals; of the importance of chloroform and other anæsthetics, we have barely alluded. Our aim has been merely to speak of the popular side of the subject, and of that merely as a matter of taste."

141 East 13th Street.

— Mr. Groux, who offers in his person that singular conformation of the thoracic walls, congenital fissure of the sternum, recently gave a physiological sèance in the Smithsonian Institution at Washington, and is now journeying South, getting the opinions of the physiologists and savans of our Southern cities upon the phenomena his case presents. While in Boston he was submitted to a series of most brilliant and interesting experiments, devised by Dr. J. B. Upham, for the purpose of setling beyond dispute the question of synchronism or n-

synchronism of the various motions of the heart and great vessels. For this purpose Dr. Upham made use of electro-magnetism, and, by the delicate instruments invented for the purpose, the minutest interval of time was recorded, and the difference between the time of pulsation of the tumor to be seen in the middle portion of the fissure, the apex of the heart, aorta, and the radial artery was distinctly marked.

An abstract of these experiments has been presented to the Boston Society for Medical Improvement, and published in the *Boston Medical Journal*. A fuller and more minute statement is promised.

The application of electro-magnetism, for the purpose of diagnosis in diseases of the heart, is suggested by Dr. Upham, and while it is novel it is at the same time a suggestion full of promise.

We have heretofore given a very full history of the case of Mr. Groux, with the various opinions upon his case as found in his album. At our earliest convenience we shall add to these the results of Dr. Upham's experiments.

— Two new medical journals have appeared with the new year, both published in Louisville, Kentucky, and both published semi-monthly. *The Louisville Medical Gazette* is edited by Dr. L. J. Frazee, and the *Semi-Monthly Medical News* by Drs. S. M. Bemiss and J. W. Benson, Professors in the University of Louisville. We welcome them both, and shall be pleased to exchange.

— Dr. A Mercer Adam continues his sketches of the Medical Institutions and the Medical Men of the Continent in the January number of the *Edinburgh Medical Journal*. We extract the following account of the University of Würzburg and its Professors. Our October number of the Edinburgh Journal has been mislaid, or we should give the remainder of the extract upon the University of Bonn and its Professors, including a sketch of Prof. Kilian, which we were obliged to omit for want of space in our January issue.

"In Bavaria there are three universities, two of which, Munich and Würzburg, are Roman Catholic, and the third, at Erlangen, is Protestant. The University at Würzburg was founded in 1502. The collegiate buildings here are large, gloomy, and very uninteresting—containing numerous class-rooms, a good library, and a large museum, which is particularly distinguished for its collection of specimens of natural history. When we pass out from its dull echoing courts, we soon emerge into a broad cheerful road, where the footpaths are lined by rows of green linden trees. This pleasant promenade, called the *Graben*, passes along the front of the *Julius-Spital*, or Julius Hospital, a magnificent building of great length, of vast extent, and

most imposing appearance. This, which is one of the largest and best managed of German hospitals, was founded in 1572 by one of the Bishops of Würzburg, Julius Echter von Mespelbrunn, as an asylum for the poor, the infirm and the sick. A bronze statue of this venerable prelate—a man of large heart and cultivated mind—by Schwantaler, of Munich, stands under the lindens of the Graben, opposite the main doorway of the hospital which he endowed. The chief archway of the building leads us into a spacious quadrangle, with two handsome fountains in its centre; and the cool plashing of the falling waters seems to sing a soothing lullaby, fit to bring sleep to the eyes of the sick, tossing on beds of pain and weariness. The hospital contains about 400 beds in all the different departments; and medical, surgical, and lunatic patients are all treated under its roof. The wards are large, well ventilated, and scrupulously clean; and their walls are adorned by crucifixes, and pictures of saints and martyrs. This hospital is the head-quarters of the Würzburg Medical School, concerning which a few remarks are necessary.

"Würzburg has for many years held a very high position among the German schools of medicine; and the number of its students still continues on the increase. During the past session, about 350 of the the 750 enrolled *alumni* of the University were medical students—and this, be it remembered, is a large number for Germany, where the profession is very much overstocked, and for times of peace, when there is no great demand for surgeons for the military service. Würzburg owes its popularity to the well-deserved prestige of many of its professors and teachers—such men as Virchow, Scanzoni, Bamberger, Kölliker, Linhart, Heinrich, Müller, Leydig, etc. Würzburg has always been remarkable for the harmonious unity of aim, and the uninterrupted friendly relations of its professors; and its great popularity and efficiency as a medical school are probably, in no small degree, due to these fortunate circumstances. Happy indeed the university that is in such a case! Surely the most amicable feelings and the most catholic sympathies should prevail, to the exclusion of petty jealousies, among men who have all taken that solemn oath which Science imposes on the high-priests of her mysteries, and who are all consecrated to the same noble mission.

"Würzburg probably first came into note on account of the distinction of its microscopists, and the originality of the views promulgated by the advanced school of pathology which was founded there by Virchow. When the microscope was first introduced into medicine, it was looked upon with suspicion and distrust; and we know that no less a man than the great physiologist, Johann Müller, could not, at first, 'be convinced that there existed any necessity for physicians to acquire the ability of making microscopical examinations for themselves.'* But ere long Müller changed his views, and, by his earnest labors, gave a powerful stimulus to microscopical investigations both in physiology and pathology. Following the example of

* *Vide* Johann Müller. An Eloge by Prof. Virchow. Translated and edited by A. Mercer Adam, M.D. Edinburgh: Sutherland & Knox. 1859.

patient industry which had been set by Ehrenberg, Müller, Purkinje, Schwann, Schleiden, and others, the professors and teachers at Würzburg espoused the cause of histology; and the labors of Kölliker, Leydig, Heinrich, Müller, and Virchow firmly established the microscope in the confidence of the professional public. And, even to this day—in spite of the many revolutions and capricious alternations of professional opinions all over Europe; in spite of the skepticism of 'practical men' of the Velpeau school, and the sneers of the purely routine practitioners—the use of the microscope, as a valuable aid to the physician, is decidedly becoming more and more common alike in Germany and in Great Britain. The microscope may now be said to have fairly stood the test of Time, which 'tries all;" and it would long ago have been consigned to oblivion had it been merely a fashionable scientific toy, of no practical utility. To Germany belongs unquestionably the honor, not only of having developed histology into a distinct science, out of a mass of isolated facts and unconnected observations, but also of having been the first to institute classes for teaching histology systematically in her schools of medicine. In both of these respects, France and Holland followed but slowly in her wake. In this country systematic courses of lectures on histology were first commenced in the University of Edinburgh; for so early as the session of 1841–2—immediately after the appearance of the remarkable researches of Schwann and Schleiden—Professor Hughes Bennett began to teach this branch of medical study to his pupils, and to instruct them in the practical use of the microscope in medicine.

"The reader must not imagine, however, that Würzburg is famous only for the opportunities it affords for the cultivation of the higher branches of scientific medicine. It is also equally distinguished for the excellence of its clinical instruction, both in practical medicine, surgery, and midwifery; and for the great facilities which the students possess for observation and study in the wards of its hospitals. Scanzoni, as a teacher of Midwifery; Bamberger, of Clinical Medicine, and Linhart, of Clinical Surgery—better men than these are not to be found in any Continental University. So let us now enter into a few details regarding them, and some of the other notabilities of Würzburg.

"No name is better known in medical literature than that of Albert Kölliker, the Professor of Anatomy and Physiology in Würzburg. His *Manual of Human Histology* is the standard authority on the subject; and the Sydenham Society conferred a great boon on British physicians when it made them acquainted with this book, by means of the admirable translation and most valuable editorial notes of Messrs. Busk and Huxley. This work, having now securely taken its place as one of our standard medical classics, is far beyond any praise or criticism of mine.

"Mr. Addison says that 'a reader seldom peruses a book with pleasure, till he knows whether the writer of it be a black or a fair man, of a mild or choleric disposition, married or a bachelor, with other particulars of the like nature that conduce very much to the

right understanding of an author.'* I have endeavored, in preceding 'Notes,' to gratify this excusable curiosity, and have occasionally offered rough pen-and-ink sketches of the celebrated medical men of the Continent; and it is my intention still to give the reader such information as is likely to interest him about the personal characteristics of the German physicians. But of Kölliker it is almost unnecessary that I should offer any such sketch, as his face and form are quite familiar to the profession in Edinburgh, London, and elsewhere in this country. A man of from forty to forty-five, with long glossy hair—once raven black, but now beginning to be of a steel-gray hue; with open intelligent countenance, delicate features, thin lips, and a kindly dark eye; with a spare and somewhat wiry form, and a firm elastic step: a man, in whose face you can trace the evidences of much hard work gone through; but from whom—vigorous as he is in the prime of manhood—the scientific world has reason still to expect great things.

"I met with a very kind reception from Professor Kölliker, who showed me all that was note-worthy in his department. His class-rooms, dissecting-rooms, etc., etc., are in a large and handsome building, situated immediately behind the Julius Spital, in an open space which is cultivated as a small botanic garden. Here are also the lecture-rooms, laboratories, etc., of Professor Scherer, the teacher of chemistry. These occupy the ground-floor of the building, and the upper story is devoted to the anatomico-pathological museum, the histological collection, and microscopical work-rooms. The Würzburg museum is large, and contains many rare and unique preparations—both wet and dry—in human and comparative anatomy. It is particularly rich in pathological specimens—thanks to the contributions of Heusinger, Hesselbach, Brunninghausen, and others, but especially to the zeal and industry of Virchow. In it I saw the beautiful series of preparations made by the late Professor Bernard Hein, illustrative of his celebrated experiments on the formation of new bone from periosteum. Here we see the femur of a dog, formed entirely of new bone, which was developed from periosteum eleven months after the extirpation of the original bone; and there is a rib similarly developed seven months after the operation. Heine cut away all the bones of the right fore-leg of a dog, leaving the periosteum behind. Fourteen months afterwards a new scapula, with a perfect articular surface, was formed, and similar development of new bone took place, a few months after the resection, at the site of all the other bones. The beautiful dried preparations of these curious results are preserved with great care, and are shown with a justifiable pride. I heard that the French Government had offered to purchase the series for a Parisian museum, but that the Würzburg Faculty had properly declined to part with them. There is a large collection of urinary calculi here, among which is one with a musket-bullet for its nucleus. In osteology there is a good display of rachitic skeletons, deformed pelves, and interesting hydrocephalic and abnormal skulls.

* *Spectator*, Vol. I., No. 1.

Among the latter is a curious case of atrophy of several of the cranial and facial bones, as a result of a peculiar hypertrophic skin-disease, called 'leontasis,' in which a mass of long warthy growths fringed the head and face like the mane of a lion. The most interesting crania, however, are those collected by Virchow to illustrate the varieties of race, and his theories about the development of the skull and the peculiarities of the facial angle in Cretins—most of which have been figured by him in his various monographs. The microscopical preparations here are worthy of the most careful study, and among them are some beautiful injections.

"I congratulated Kölliker on the success of his important experiments on the physiological action of poisons. 'I do not pretend to be a toxicologist,' said he, 'for your great Christison is the only man in Europe who is truly one. But I have sought to render service to practical medicine, by showing how certain poisons really act on the organism.' And he has not failed in his high aim; for the results of his carefully performed experiments throw much light on an obscure subject. He has shown the effect of such poisons as urari, upas, strichnia, opium, veratria, etc., on the muscles, the heart, and the nervous system. He found that the deadly arrow-poison of the American Indians, called urari,* (also woorara and curare,) causes death by paralyzing the nerves of respiration; and it destroys the excitability alike of the motor and sympathetic, without affecting the functions of the sensory nerves; but that it does not destroy muscular irritability, or arrest the action of the heart. Conia acts in a somewhat similar manner, leaving the excitability of the muscles unimpaired, while it causes paralysis of the nerves which penetrate them. Kolliker further found that strichnia has no influence, through the blood, on the motor nerves; nor does it alter the condition of the sensory nerves, as is proved by his having poisoned frogs with the acetate, after previously dividing the ischiatic nerve of one limb. 'But strichnia,' says he, 'causes paralysis of the motor nerves supplying voluntary muscles, as a result of their over-excitement during the tetanus induced—just as too strong currents of electricity produce loss of power in the motor nerves, which they convulse.' The tetanic spasms of tetanus do not affect the heart, although they make its pulsations slower. The tetanus which follows poisoning by strichnia, he believes to be caused either by irritations conveyed to the gray substance of the spinal cord by the sensory nerves, or by certain influences transmitted to it from the brain. He found that opium acts similarly to strichnia, in causing tetanus by its action upon the gray matter, and by inducing paralysis of the motor nerves as a result of their hyper-excitation. His most recent experiments have been made with the upas-tree poison (Apas Antiaris vel Toxicaria,) and he found that the specific effect of this poison is at once to destroy all excitability of the muscles, and to cause immediate death by paralysis of the heart. He maintains that we have no true 'blood poison'—meaning thereby one which would so

*Kölliker acknowledges having got the poison for experiment from Professor Christison.

change the mutual physiological relations of the elements of the vital fluid as to render its circulation positively injurious; but he holds that all poisons act on the parts which they affect through the medium of the blood. Some poisons he regards as purely muscular, and others as purely nervine, in their elective affinities for specific tissues. The upas-tree poison, and perhaps veratria, are the only true muscular poisons. Nervine poisons, however, are divided by Kölliker into three classes, according to the mode in which they operate on the nerves: 1st, those which act on the gray matter, as strichnia, veratria, and opium; 2d, those which change the nerve-tubes, as urari and conein; and 3d, those which probably act in both ways, as prussic acid, nicotin, and æther. He adds the corollary that there are likely excitant and paralyzing agents in all the three groups.* Such are a few of the results of Kölliker's important physiological experiments in toxicology; and believing them to be comparatively unknown in England, I have stated them at some length. On Kölliker's other recent researches—as, for example, on the absorption of fat by the glands of the alimentary canal, on the existence of a physiological fat-liver in the young of mammalia, and on the functions of the spleen†—I have no space to enlarge. They seem to confirm satisfactorily the opinion now generally entertained of the use of the spleen, viz., that it is a blood-forming organ, which develops colorless corpuscles, and that these blood-cells (at least in young animals) became transformed into red globules, partly in the spleen, partly in the liver, and probably also in the current of the general circulation.

Virchow is no longer a Würzburg professor, having occupied for more than a year the pathological chair in the University of Berlin. His loss has been seriously felt at Würzburg, but his name will always continue to be honorably associated with the history of this medical school, which owes so much to his industry and his genius. Another eminent man, Professor Förster, of Göttingen, who is a great authority in morbid tumors, etc., goes this winter to Würzburg, as Professor of Pathology, exchanging with Professor Otto Beckmann, of this University."

Treatment of Sore Nipples.—M. Anselmier observes, that in employing the nipple shield we should take care that it is neither too large nor too firm, since deglutition becoming difficult when the jaws are wide apart, the child soon becomes tired and refuses to suck. Collodion is of great use in chaps, although the pain it causes at first is complained of. It is, however, most indicated as a preventive when as yet only pain is present and the child sucks forcibly. The gentle compression it exerts upon the nipple limits the turgescence of the organ and the inflammatory process. It is also an excellent application in superficial excoriations, protecting these from the action of the air and the saliva. In deeper chaps it is not of the same use; and al-

* The reader interested in these investigations is referred to Prof. Kölliker's papers in *Virchow's Archives*, vol. x.

† *Verhand. der Phys. Med. Gesellsch. zu Wurzburg*, band vii. Seit. 174.

though other substances, as solutions of nitrate of silver or sublimate, may be beneficially and safely employed, with due precautions, yet they cause great pain, and are opposed by various prejudices. Reserving such means for very obstinate cases, M. Anselmier prefers benzoin reduced to a state of impalpable powder. This is dusted over every part of the chap, and the nipple is then covered with carded cotton. No pain is caused, and cicatrization soon ensues, a shield being used meanwhile.

Another Agent for the Production of Local Anæsthesia.—M. Claisse, a French provincial practitioner states, that for some years past he has been enabled to induce local anæsthesia, allowing of the performance of painless extraction of teeth, opening abscess, and other minor operations. He forms a solution by filling up with sulphuric ether a small bottle which already contains powdered camphor equal to one-third of its capacity. A small sponge attached to a slip of whalebone is dipped into this solution and rubbed for about a minute upon the gum or the part to be incised In two minutes the anæthesia passes off.—*Gazette des Hôpitauz*, 1859, No. 2.

The Saliva in Jaundice.—M. Vulpian relates that in several cases of well-marked jaundice, in which expectorated substances were deeply colored with the coloring matter of the bile, the most careful search was unable to detect the slightest trace of this coloring matter in the saliva itself. The fact is of interest in relation to M. C. Bernard, who has observed that in diabetic patients sugar is not found in the saliva itself, though easily detected in the products of the bronchial secretion.—*Gazette Médicale*, No. 2.

Condition of the Cervix Uteri after normal labor.—M. Bouchacourt states as the result of the attentive examination of several women: 1. Even the most simple form of the puerperal state exhibits, among other local lesions, as traumatic inflammation of the cervix, characterized by swelling, heat, pain, redness, exfoliation of a portion of the mucous membrane, and suppuration. 2. From the fourth, and sometimes the second day, the lochiæ contain pus globules. 3. A reparative process takes place subsequently to such exfoliation, the pus diminishing and the epithelial cells increasing in quantity. 4. At the end of a week, the signs of inflammation, though less distinct, still persist. From this time the cervix becomes more regular in form and less voluminous, and closes—the anterior lip of the os remaining longer voluminous than the posterior. 5. By the end of a fortnight cicatrization is not terminated, although fast progressing—to be completed in the third or fourth week. 6. It proceeds from the circumference towards the centre. Traces of ulceration are found after some cases of abortion for two or three months. 7. The intensity of the milk fever has often seemed to be proportionate to the extent and violence of the inflammation of the cervix. 8. There is also frequently inflammation of the vulva and vagina, as well as of the cervix.—*Rev. Méd.* 1858. T. 1, p. 159.

Paris, at the present time, seems to enjoy an extraordinary immunity from fever. In the hospitals, generally, it is extremely difficult to meet with a single case. In the Hôtel Dieu, which, from its proximity to the "bureau Central," is usually the first to be supplied with cases of fever, we have not encountered more than half a dozen for the last four months, and the other day we heard one of the physicians state that such a scarcity of typhus had not been known for a series of years. Beds which formerly were occupied by fever patients, are now for the most part filled with rheumatisms and erysipelas of a benign nature. What the cause of this may be we do not presume to say; most probably, however, it may be accounted for by the peculiar condition of the atmosphere, caused by the unusual mildness and humidity of the season.

Tracheotomy in Croup.—The Paris *Société Médicale des Hôpitaux*, after prolonged discussions, in which M. Bouchut largely took part, came to the following resolutions: "1. That the statistics of the mortality of croup presented by M. Bouchut does not possess the value attributed to it by its author. 2. That tracheotomy has rendered, and renders daily, immense services in the treatment of croup—constituting in the present state of science the best means that can be employed when the disease has reached the period of approaching asphyxia. 3. Great danger attends the delaying the performance of the operation until the occurrence of the ultimate phenomena of the disease, and especially anæsthesia, which is not a constant symptom."

Bleeding in Pneumonia.—"In the beginning of this century Dumangin of La Charité hardly ever bled for pneumonia, yet his success was at least equal to that of Corvisart, who bled largely. Laennec thought he had annihilated the mortality of pneumonia, by large doses of tartar emetic, at the very time that Gregory thought that large bleedings could alone cope with so formidable a disease; while Bouillaud, then as now, placed implicit confidence in his *coup-sur-coup* method of bleeding; and Alison taught that, in the treatment of pneumonia, 'uncomplicated and recognised from its commencement, the utmost confidence may be placed in general blood-letting, which should always be large,' etc., at the very time that Skoda taught that the tendency of pneumonia was not to dissolution but to resolution, and that rapid restoration to health was best promoted by withholding those heroic remedies generally prescribed, and amongst them blood-letting. Experience had taught him this, not change of type; but a few years previously he had been a staunch venesectionist: at the time I knew him, most of his colleagues were so still. His nearest neighbor in the hospital bled largely and freely, and was quite satisfied with the results obtained. Brought up in the professional tenets of one so respected and loved as Dr. Alison, I can never forget the horror with which I at first regarded the practice of Skoda, the incredulity with which I listened to his explanations, or my astonishment when extended observation had convinced me of the correctness of his conclusions, the truth of which eleven years of private practice in this country have but tended to confirm."—*Dr. G. Balfour.*

— We propose from time to time, as occasion offers, to present to our readers cuts of new instruments and mechanical appliances of all kinds, which are allied to any of the branches of our profession. We are enabled this month, through the kindness of Dr. E. D. Hudson, to present cuts of the artificial limbs invented by Mr. B. Frank Palmer, showing their external appearance and internal mechanism. The description we copy from a late issue of the *Scientific American*. These limbs have recently been presented to both the Academy of Medicine of this city and the N. Y. State Medical Society, and referred by them to appropriate committees.

"The articulations of knee, ankle, and toes, consist of detached ball-and-socket joints, A B C. The knee and ankle are articulated by means of the steel bolts, E E, combining with plates of steel firmly riveted to the sides of the leg, D D. To these side plates are immovably fastened the steel bolts, E E. The bolts take bearings in solid wood (properly bushed) across the entire diameter of the knee and ankle, being much more reliable and durable than those of the usual construction. All the joints are so constructed that no two pieces of metal move against each other in the entire limb. The contact of all broad surfaces is avoided where motion is required, and thus friction is reduced to the lowest degree possible. These joints often perform many months without need of oil, or other attention—a disideratum fully appreciated by the wearer.

The Tendo Achillis, or heel tendon, F, perfectly imitates the natural one. It is attached to the bridge, G, in the thigh, and passing down on the back side of the knee-bolt, E, is firmly fastened to the heel. It acts through the knee-bolt on a centre, when the weight is on the leg, imparting security and firmness to the knee and ankle joints, thus obviating all necessity for knee-catches. When the knee bends in taking a step, this tendon vibrates from the knee bolt to the back side of the thigh, A, (semi flexed view) It descends through the leg, so as to allow the foot to rise above all obstructions in flexion, and carries the foot down again, in extension of the leg for the next step, so as to take a firm support on the ball of the foot. Nature-like elasticity is thus attained, and all thumping sounds are avoided. Another tendon, H, of great strength and slight elasticity, arrests the motion of the knee gently, in walking thus preventing all disagreeable sound and jarring sensation, and giving requisite elasticity to the knee.

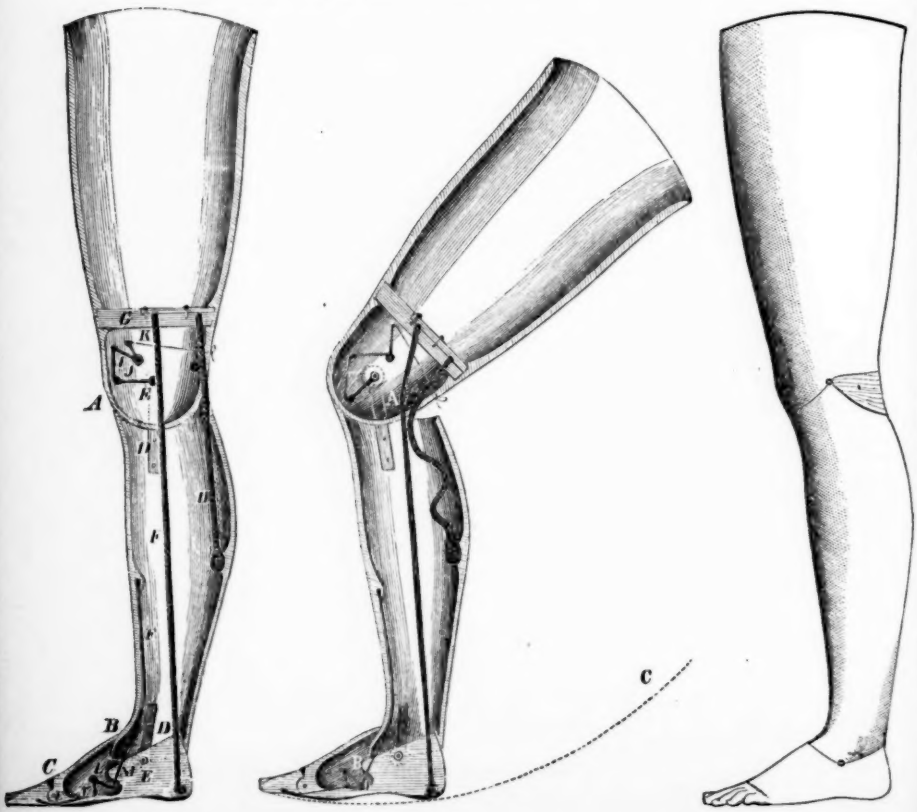
A spring, lever, and tendon, I J K, combining with the knee-bolt, give instant extension to the leg when it has been simi-flexed to take a step, and admit of perfect flexion in sitting.

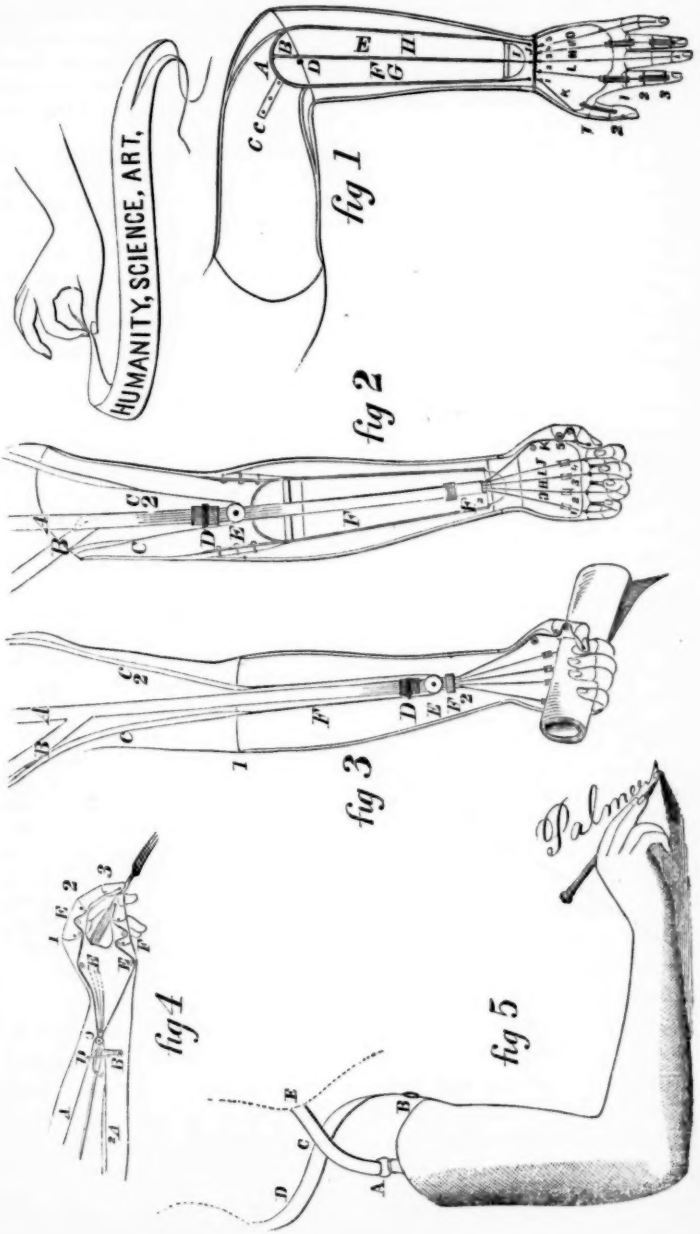
A spring and tendons in the foot, L M N, impart proper and reliable action to the ankle-joint and toes. The sole of the foot is made soft, to insure lightness and elasticity of step. The stump receives no weight on the end, and is well covered and protected, to avoid friction and excoriation.

But the most ingenious piece of mechanism, and one that seems to

us as likely to do greater service for humanity in relieving them from the deprivation of enjoyment and capability to work, which generally follows an accident, is the arm and hand, of which we present full drawings.

Fig. 1 represents an arm to be applied above the elbow. The articulation, A B, is a ball and socket, connected with the steel plates, C C, and turning upon the pinion, D. The functions of the bones in the fore-arm (radius and ulna) are imitated by the conical shaft, E, which terminates in a ball at the elbow and wrist, J J. The wrist is articulated with a ball and socket firmly united by catgut tendons, F G H, tensely drawn over the convexity of the shaft, E, at the elbow. It has every motion of the natural wrist. The hand rotates on the the fore-arm, being susceptible of pronation and supination, or any angle or degree of flexion and extension desirable. The extensor tendons, K L M N O, acting with the springs, 1 2 3 4 5, open the hand. The detached ball and socket joints of the thumb and fingers are indicated by the figures 1 2 and 1 2 3.




HUMANITY, SCIENCE, ART,
fig 1
fig 2
fig 3
fig 4
fig 5
Palmer

The fingers are articulated on steel rods and pinions imitating the bones, as seen in the thumb and the first and third fingers. The exterior is brought to a perfect imitation of the natural arm, (as shown in the outline, or in Fig. 5,) by a soft elastic substance, which rotates around the fore-arm, preserving anatomical symmetry in every position. It is covered with a delicate skin.

Fig. 2 is the same arm extended, with the fingers semi-flexed. The belt, A, attaches the arm to the body. A small belt, C C 2, is connected by a tendon to a clasp and pulley, D E. The great muscle, F, is the continuity of the flexor tendons, G H I J K. These tendons pass sinuously over pulleys or fixed sheaves, 1 2 3 4 5, through the hand, to the end of the fingers and thumb. The principles of the lever and pulley are thus combined, and the maximum power retained at all angles of flexion or extension. A slight motion of the shoulders, with extension of the fore-arm, produces an incredible grasp, as seen in Fig. 3.

An object of any shape, such as a pen, a fork, or an apple, is held with facility. By a slight motion of the shoulders, the belt, A B, carses the great muscle, F, and its tendons, to contract powerfully, closing the hand. A movement easily and naturally made actuates the tendon, C C, and fastens the clasp, D, upon the muscle, so as to retain the grasp in any position or motion of the arm, when in use. This is regarded as invaluable for holding reins in driving, or carrying articles with safety. An easy counter-motion unfastens the clasp, relaxing the flexor muscle and its tendons, and the extensors open the hand. This principle performs most perfectly in an arm applied below the elbow, as in Fig. 3. In this are seen the belt, A B C, the great muscle, F, and its tendons, the clasp and pulley, D E, as in Fig. 2. A fixed eyelet, F 2, clasps the great muscle, F, and thus guides the flexor tendons of the fingers. The line, 1, shows the union of the natural with the artificial arm.

Fig. 4 shows a hand holding a fork. The tendon, A A 2, passes through the clasp, B, and around the pulley, C, to the side of the clasp, D, where it fastens or unfastens the clasp by movements before explained. The joints of the fingers and thumb are flexed upon the fork by powerful tension of the great muscle and its tendons. The sinuosity of the tendons passing over the pulleys or sheaves, E E E, shows the new and useful principle of effectually combining the lever and pulley to gain the utmost power, strength, elasticity, and adaptability to the various uses of an artificial arm and hand. They are easily adjusted by the wearer.